The Canadian Nurse

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INTERNATIONAL COUNCIL OF NURSES.

SECOND QUINQUENNIAL MEETING.

July 19th, 1909.

Caxton Hall, Westminster, London, S. W.

The Council Chamber, 10.30 a. m.

1.—10.30 a.m., Call to Order.

Chair.—In the absence of the President, the Hon. President, Mrs. Bedford Fenwick, will take the chair.

2.—Address of Welcome, and Watchword for next Quinquennial Period.

3.—Minutes of the Berlin Meeting.

4.—Report of the Hon. Secretary, Miss L. L. Dock.

5.—Report by the Hon. Treasurer, Miss Breay.

6.—Reports of the Federated Councils.

(a) Great Britain and Ireland
By Miss Isla Stewart, Ex-officio Member of the National Council of Nurses of Great Britain and Ireland.

(b) The United States of America.
By Miss M. A. Nutting, President of the American Federation of Nurses.

(c) Germany.
By Fraulein Agnes Karll, President of the German Nurses' Association.

7.—Affiliation of the National Councils of Holland, Finland, Denmark, and Canada (in the order in which their Councils voted to come into membership.)

8.—Presentation of the Presidents and Delegates of the incoming Councils.

(a) Miss Cateau J. Tilanus, President of the Dutch Nurses' Association (Nosokomos).
Welcome.—By Miss M. Lamont, President of the Irish Nurses' Association.

(b) Baroness Mannerheim, President of the Finnish Nurses' Association.
Welcome.—By Miss G. A. Rogers, President of the Leicester Infirmary Nurses' League.

(c) Mrs. Henny Tscherning, President of the Danish Council of Nurses.

Welcome.—By Miss Christina Forrest, President of the Victoria and Bournemouth Nurses' League.

(d) Miss Agnes Snively, President of the Canadian National Association of Trained Nurses.
Welcome.—By Miss M. Huxley, Vice-President, the National Council of the Nurses of Great Britain and Ireland.

9.—The Election of the Honorary Officers.

10.—Congratulations by the President of the American Federation of Nurses, or her nominee.

11.—Amendments to the Constitution.

(a) To substitute the word "may" for "shall" in regard to the Hon. Presidents.
(b) To substitute "two" for "four" delegates from each country.
(c) To change time of meetings from every "five" to every "three" years.

12.—Selection of next Meeting Place.

13.—Reports invited from Countries not affiliated.

(a) France, Dr. Anna Hamilton, Hon. Vice-President.
(b) Italy, Miss Amy Turton, Hon. Vice-President.
(c) Sweden, Miss Estrid Rodhe.
(d) Switzerland, Miss Jacqueline Rutgers.
(e) India, Miss C. R. Mill, Hon. Vice-President.
(f) Australasia, Miss Louise S. Robson.
(g) New Zealand, Miss Keith Payne, Hon. Vice-President.
(h) Tasmania, Miss J. H. Milne, Hon. Vice-President.
(i) South Africa, Miss J. C. Child, Hon. Vice-President.
(j) Japan, Miss Suwo.
(k) Cuba, Miss M. E. Hibbard.
(l) Syria, Miss Ella Wortabet.

14.—Resolutions:—

THE STATE REGISTRATION OF TRAINED NURSES.

(a) The International Council of Nurses desires again to record its earnest conviction that it is desirable both in the interests of the professional status of trained nurses, and of the public whom they serve, that provision should be made for their registration by the State, that such registration should be under the supervision of a Central Professional Authority, and that admission to the Register of those who have fulfilled the prescribed conditions as to training should be by the single portal of a State Examination. The International Council of Nurses offers its most cordial congratulations to all trained nurses so registered.

THE RIGHTS OF CITIZENSHIP.

(b) The International Council of Trained Nurses offers its sincere and respectful congratulations to the women, and especially to the trained nurses, in those Countries and States in which they have been granted the rights of citizenship.

This Council is convinced that the possession of the Parliamentary Franchise, which places in the hands of women power and responsibility, will raise the standard of women's work, and in consequence, increase the professional efficiency of Trained Nurses.

LAVINIA L. DOCK,
Hon. Secretary, International Council of Nurses.

July 20th 21st, 22nd, and 23rd, 1909.

The Council Chamber.

PRELIMINARY PROGRAMME.

TUESDAY, JULY 20th.

Morning Session, 10 A.M. to 12.30 P.M.

President of Session—Mrs. Bedford Fenwick, President National Council of Trained Nurses of Great Britain and Ireland, Founder of the International Council of Nurses.

Opening of Congress.

By Miss Isla Stewart, Matron and Superintendent of Nursing, St. Bartholomew's Hospital, E. C.

Education and Registration.

"The International Standard of Nursing Education," Mrs. Hampton Robb, President American Society of Superintendents of Training Schools of Nurses.

"Nursing Education in Germany," Fraulein Agnes Karll, President German Nurses' Association.

"The Education of Nurses under l'Assistance Publique, Paris," M. G. Mesureur, Directeur de l'Administration Generale de l'Assistance Publique, Paris.

Discussion—

Miss M. A. Snively, President Canadian National Association Trained Nurses.

Baroness Mannerheim, President Finnish Nurses' Association.

Miss Cateau J Tilanus, President Dutch Nurses' Association.

Among the subjects suggested for discussion in this Session are "Co-operative Training," "Scholarships for Nurses," and "International Bureaux for Nurses."

AFTERNOON SESSION 2 TO 4 P.M.

President of Session—Mrs. Kildare Treacy, Hon. Secretary Irish Nurses' Association, Lady Superintendent City of Dublin Nursing Institution, Dublin.

The Nurse in Private Practice.

"The Doctor's View," D'Arcy Power, Esq., F.R.C.S., Surgeon to St.

Bartholomew's Hospital, London, Lecturer on Surgical Nursing to the Nursing Staff, St. Bartholomew's Hospital.

"The Patient's View," Mme. Alphen Salvador, Founder and President Training School for Nurses, Rue Amyot, Paris.

"The Nurse's View," Miss Mary Harvey, Member of the Registered Nurse's Society, London.

Discussion—

"A Special Curriculum for Private Nurses," Miss J. C. van Lanschot Hubrecht, Secretary Dutch Nurses' Association.

"Nursing Economics."

WEDNESDAY, JULY 21st.

Morning Session, 10 A.M. to 12.30 P.M.

President of Session—The Lady Helen Munro-Ferguson, Lady President, Home Committee, Lady Minto's Indian Nursing Service; Member Advisory Council, Territorial Force Nursing Service.

The Nurse as Citizen.

"The Preparation of the Nurse for Administrative Positions and for Social Service," Miss M. Adelaide Nutting, President American Federation of Nurses, Professor of Domestic Science, Teachers' College, Columbia University, New York City.

Mlle. Chaptal, Directrice de la Maison Ecole des Infirmieres Privees, Paris.

Discussion.

"Social Service Work." "The Factory Nurse." "Nursing in Prisons."

AFTERNOON SESSION, 2 TO 4 P.M.

President of Session—The Right Hon. The Lord Sandhurst, G.C.I.E., G.C.S.I., Treasurer St. Bartholomew's Hospital, London.

The Relations of Nursing and Medicine.

1. Miss M. Mollett, President Royal South Hants Nurses' League, Matron Royal South Hants and Southampton Hospital, Southampton.

Discussion —

THURSDAY, JULY 22nd.

MORNING SESSION, 10 A.M. TO 12.30 P.M.

President of Session—Mrs. Hampton Robb, President, American Society of Superintendents of Training Schools for Nurses.

The Care of the Insane.

"The Care of the Insane," Dr. Robert Jones, Medical Superintendent, Claybury Asylum, Lecturer on Mental Diseases in the Medical School, St. Bartholomew's Hospital, London.

"The Modern System of Nursing the Insane," Miss Parsons, Superintendent of Nurses, Shepperd and Enoch Hospital, Baltimore, U.S.A.

Discussion—

AFTERNOON SESSION, 2 TO 4 P.M.

President of Session—Miss Isla Stewart, Matron of St. Bartholomew's Hospital London; Memeber of Nursing Board, Queen Alexandra's Imperial Military Nursing Service.

1. The Right Hon. R. B. Haldane, K.C., M.P., Secretary of State for War.

2. Miss C. Elston, France, Directrice, Ecole des Gardes-Malades de l' Hopital du Tondu, Bordeaux, France.

3. Fraulein Karll, Germany, President German Nurses' Association.

Discussion—

FRIDAY, JULY 23rd.

MORNING SESSION, 10 A.M. TO 12.30 P.M.

(For Women Only.)

President of Session—Fraulein Agnes Karll, President German Nurses' Association.

Morality in Relation to Health.

1. The Hon. Albinia Brodrick, Member National Council of Nurses of Great Britain and Ireland.

2. Miss L. L. Dock, Hon. Secretary, International Council of Nurses.

Discussion—

AFTERNOON SESSION 2 TO 4 P.M.

President of Session—Miss M. Agnes Snively, President Canadian National Association of Trained Nurses.

The Nurse in the Mission Field.

"Preparation," Miss E. Margaret Fox, Matron, Prince of Wales' Hospital, London.

"Practical Sphere of Work," Miss E. M. Stuart, M.B., Medical Missionary, Ispahan, Persia, Church Missionary Society.

Discussion—

4 p.m.—Votes of Thanks.

IN THE SMALL HALL.

Conferences on Questions of Interest to Nurses to be announced later.

HOSPITALITY, JULY 19th.

To meet the Hon. Officers and Delegates of the International Council of Nurses.

2 p.m.—Inaugural Luncheon.

Georgian Rooms, The Gaiety Restaurant. Hostess, Mrs. Bedford Fenwick and others.

4 p.m.—At Home and Tea.

St. John's House Queen Square, W.C. Hostess, St. John's House Nurses' League.

9 p.m.—Reception.

Great Hall, St. Bartholomew's Hospital, E.C. Hostess, Miss Isla Stewart.

HOSPITALITY DURING THE CONGRESS.

Tuesday, 20th July.—4. p.m.—The British Journal of Nursing at Home at the Nursing Exhibition, Caxton Hall; Tea, Music.

8.30 p.m.—Conversazione, Music.

Wednesday, 21st July.—4.30 p.m.—Reception at Dorchester House, by Mrs. Whitelaw Reid.

8 p.m.—Banquet, the Gaiety Restaurant, the Right Hon. the Lord Ampthill in the chair.

Thursday, 22nd July.—4.30 p.m.—Reception at the Mansion House by the Lord Mayor and the Lady Mayoress.

Evening: Theatres, etc.

Friday, 23rd July.—5 p.m.—Tea at the Irish Village, the International Imperial Exhibition, Shepherd's Bush. Hostess, the Hon. Albinia Broderick. Visit to the Exhibition.

Saturday, 24 July.—Visit to Windsor Castle and Royal Domain. Tea.

During the Congress week arrangements can be made for foreign visitors to visit the leading hospitals in London, and other interesting institutions.

In making up the programme the committee has purposely not overlooked it with Papers, as when so many eminent nurses are present it is much more interesting to have plenty of time for discussion. Besides the names of those appearing in the Programme, many others have promised to take part in each Session.

Tickets will be on sale, price 3s., after June 1st, by application to Miss Cutler, Hon. Secretary, N.C.N., at the office, 431 Oxford Street, London, W., and at St. Bartholomew's Hospital, E.C. Tickets must be paid for upon application, and admit to all the Congress Sessions, and the Exhibition. Presidents of Nurses' Leagues could help by taking tickets on sale or return to save trouble to nurses and others in their districts.— *By courtesy of the British Journal of Nursing.*

LETTERS OF A NURSE IN TRAINING, NO. III.

The Hospital of the Good Samaritan, 4 p. m.

My Dear Margaret,

Please notice the time inscribed above. I have risen from my downy couch to give you the benefit of my meditations—yes, it is true, I am on night duty, and have been for nearly two weeks. On the first of November I came hurrying down to dinner and noticed an excited group gathered round the bulletin board. "The changes were up." Little Miss Bethune was standing on the outskirts of the crowd looking decidedly miserable. "We're on night duty," she whispered. "What!" I shouted in very unpro-

fessional tones. "Yes, we are," said Miss Bethune, "I'm on Ward Four, and you're on Ward Five." I sat down weakly on the nearest chair and gasped. "There's a dreadfully delirious patient in Four," she went on, "he hit the orderly on the head with his rubber air cushion this morning; and I'm so afraid of the night superintendent, and, and, oh, dear!" Miss Bethune indulged in a furtive tear or two. I had been on Five for several days and did not like it. It is a mixed up sort of place, two surgical semi-privates, an eye and ear patients' ward and a small ward for children, nearly all orthopaedic cases. Worst of all there is a small emergency ward, which is used for any very sick patient from the public wards—altogether a lovely combination. Well, there was nothing for it but to bite on the bullet and not let them know I was afraid. When I went back after dinner I was told to go off duty and report again at seven. Miss Bethune and I mooned round the home all afternoon too excited and miserable to sleep. At seven o'clock we marched down the long connecting corridor from the home like two criminals condemned to execution. "Can I rattle up the lift to you if I get too frightened?" said Miss Bethune. "Oh please do, at least once in the night," said I in a very shaky voice. The ward kitchens have lifts on which the meals are sent up, and it is possible to speak down them without making very much noise.

I took the report and started to settle things up for the night. There was only one very sick patient, an operative case with suction drainage in the abdomen. The rest were not ill enough to require more than ordinary care. The night superintendent came round, went in to see the sick woman and made me feel as though some of the responsibility were lifted from my shoulders. She told me to get the dressing carriage ready as the house surgeon would probably dress Mrs. Munroe about eleven o'clock. When I was in the midst of my preparations I heard footsteps approaching down the corridor and peeped out to see if it was the house surgeon. To my horror it was Dr. Landhurst. He is the senior surgeon of the staff and is a sort of ogre in the eyes of the junior nurses. Mrs. Munroe is his patient, so I knew my fate was sealed. He would dress her himself. I lifted the instruments off the stove with trembling fingers. The bald headed eagle, as he is most irreverently nick-named was standing in the corridor gazing up at the row of electric switches on the marble switch-board in a very absent-minded manner. I didn't dare disturb his august meditations, but meekly wheeled the carriage to the door of the ward and awaited further orders. Having finished his contemplation of the switches he marched down after me. He never uttered a syllable and neither did I. Never before had I officiated at a major dressing, but several times I had rendered humble assistance to more accomplished damsels. I could feel those keen grey eyes watching my every movement, but, as he offered no criticism I suppose I managed to refrain from any serious lapse of technique. The light was none too good, so I was ordered to get a candle. I didn't dare suggest a drop light, a candle was ordered and a candle I got, and thereby hangs a tale. In my enthusiasm to give him the best possible light I dodged the candle about in various positions, and then a terrible thing happened—a

drop of hot wax flicked right on to the top of that shining bald pate. To my horrified gaze it seemed to spread and increase its boundaries like the advertisement of somebody's paints "which cover the world." The silence was broken by a decidedly profane exclamation. I was simply paralyzed. The dressing finished, he went out to wash his hands and I tried to show my contrition by compassing him about with observances — gave him clean towels and our best boiled green soap, but still that white patch of wax filled my mental vision. After he had dried his hands he ducked his head down. "Take that off," he said. And I took it off. My face must have been too much for him, for he laughed. I shall never be afraid of the Bald-headed Eagle again.

By this time bells were ringing furiously in all directions and Eddie in the children's ward was making night hideous with loud demands for milk. By the time midnight supper was brought round I was heartily glad to get a chance to sit down for five minutes. Then I heard the lift ropes rattle softly. It was Miss Bethune. "How are you getting on?" I asked. "Oh, pretty well," she answered, "only I've just had such a dreadful fright." "Is that delirious patient getting obstreperous?" "Oh, no, he's quite decent, but (in tragic tones) I opened the garbage can a few minutes ago and three mice jumped out, two great big ones and a little one, and I know they're hiding in the kitchen somewhere!" "Never mind, the night's half over," said I consolingly and shut the lift door, and meditated on the eccentricities of female psychology. That girl would face a delirious man and make him behave himself, but three mice—a sudden thought struck me. I softly took the lid off our garbage can, nothing happened. It was a relief. I don't like mice, myself, especially when they dart out of ambush at one.

Between three and four in the morning seems to be the worst time. It is then that you are morally sure that there is a dim figure standing out in the sun gallery or that footsteps are following you down the corridor, stopping when you do, or more hideous still, when you steal in to look at the sickest patient, her features look sharpened in the shaded light, and her lips bluish, what a relief when she stirs and looks up at you with her little patient smile. By five o'clock the tide has turned, there is even a wintry glow in the east. Up on the kitchen flat they are making up the fires, the night engineer comes round and looks at the thermometers. In all these wholesome commonplace activities one feels the day break and the shadows flee away. The busiest hour of all is from six to seven. The children wake up and demand drinks, the men inform you that a cup of coffee "would go fine," the semi-private lady, who isn't ill but thinks she is, would like her pillows turned, her curl papers taken out, her plant watered. Somehow or other the work all gets done at last and there comes a rustle along the hall, the day nurses are on. You suddenly become aware that you are a bedraggled-looking object when you contemplate their crisp freshness. The night has left its mark on you, not only physically, but on heart and mind, too. You have had your first real taste of responsibility and found it bitter-sweet.

Before we went to bed, Miss Bethune and I exchanged notes. "The mice were the worst," said Miss Bethune, with a reminiscent shudder. A few

nights later I was punished for laughing at her. I was scurrying along with the two o'clock diets when I noticed some peculiar black objects on the rubber matting outside the eye and ear operating room. As I looked they moved. I put down the tray and went to investigate. They were leeches—three of them. The cover of the glass jar in which they are kept must have been left off accidentally. Perhaps you remember my horror of creeping things, and what a fuss I made the day the boys threw a dead snake at me. That snake was dead, but these leeches were alive, horribly alive. Besides I knew they were to be applied the next day to an eye case. I had seen the order in the book and heaved a sigh of relief that I was not scheduled to behold that particular horror. I found a long pair of forceps and started bravely out to recapture them. After several shuddering attempts I succeeded in capturing two. They curled round the forceps in a rather alarming fashion, but I managed to restore them to their jar. The third had a more independent spirit. He clung to the matting with all the tenacity of his kind and although I pulled at him until he stretched in a most sickening manner I could not dislodge him. Just as I was giving up in despair, a belated house surgeon came along who was, of course, moved to unseemly mirth at sight of the combat. Any lingering doubts I may ever have had as to the inherent physical superiority of the male race were then dissipated, for, Margaret, he took that leech up in his fingers and it never even tried to bite him.

My real baptism of fire came last night. One of the nurses informed me at tea time that there was "an awful case in the emergency." She was right, there was. It was a severe case of eclampsia. She had had a number of convulsions during the day and they were increasing in frequency. She was never really conscious at any time, but seemed fairly strong. Her husband was to stay all night and sit with her, so I fondly imagined I could look to him for a little help. I soon found out my mistake. He was far more frightened than I was, and if I stayed away for more than a few minutes I found him at my heels. A little after midnight I had to go to Eddie in the children's ward, and while I was in there a bell rang furiously. When I reached the corridor my very blood ran cold, the patient was standing in the door of her ward wavering from side to side ready to fall. Her face drawn into a hideous grimace, her eyeballs glassy and staring. For one awful moment I felt as though I must cover my eyes and scream. Somehow I reached her, lifted her bodily, and put her back into bed. I could not have done it in cold blood for she was fairly heavily built. Her husband was cowering against the wall, still pushing the button of the electric bell. Isn't there something terrifying in the very sound of a bell rung like that? It seemed to ring in my very brain. An hour later she died, and as the night superintendent was very busy I had to prepare her for removal alone. I will never forget the horror of it. I seemed still to see that hideous figure in the doorway, the staring eyes, the distorted features, and her husband crouching in the corner, afraid to touch her whom he had once loved. Oh, Margaret, why can't we die decently, what can be the use of all this torture, this making of the being we loved a thing to shudder at? But there, I'm battering at the doors of the unknowable with my puny little fists. If one stopped to realize the horror of it one would

go mad. Do you remember our childish discussions as to who or what the power of darkness might be? Last night those sable wings overshadowed me, "it makes a goblin of the sun."

I don't want to finish in this strain, you will think I am growing morbid, but you must understand yourself how difficult it is to see things sanely during the last watches of the night. Kipling writes somewhere about "two o'clock in the morning courage." It's a broken reed to lean on I'm afraid.

Yet it's good, all of it. If life be service, then I grasp life at last in its fullness, for here one can serve, serve to the uttermost. And what can one ask more than this? Even the Power of Darkness cannot prevail against it.

E. J.

THE EFFECT OF THE TRAINING SCHOOL ON THE INDIVIDUAL.*

It is a far cry from the days when Dickens wrote of a "Sairy Gamp" and her kind as typical nurses, or even from the time when Florence Nightingale began her great work, to the present time of well equipped hospitals and well trained nurses. The care of the sick is no longer left in the hands of ignorant and careless inferiors. Nursing is not, in these days, a distasteful duty to be shunned if possible, but a profession, and one of the finest; and the nurse occupies a high place among the world's workrs.

What has effected this great change? There may be different agencies responsible, but surely chief among them must be placed the training school; for the difference between the trained nurse of these days and the nurse of fifty or sixty years ago is, to some degree at least, the difference between the day laborer and the artisan—a difference directly due to the training school.

All true training, no matter for what work, must be beneficial. It takes the individual in a "raw" state and so develops and disciplines her as to bring out the best of which she is capable. The nurse may enter the training school young and inexperienced and perhaps without a true appreciation of what is really important in life; but unless her nature is wholly superficial she leaves that school with a greatly developed character as well as with a complete equipment for her work.

To begin with purely physical matters, the training school teaches the necessity of absolute cleanliness of person and surroundings. It teaches the value of fresh air and sunlight and of simple, regular habits; and having learned not only these laws of health but also the reasons for them, the nurse is able to carry something of the missionary spirit into her work and help those in need of such help, to better ways of living. In the training school, too, one learns that exquisite neatness of person, and freshness and simplicity of dress are not only much more professional but also much more attractive and in better taste than any attempt at display. She learns also to work quickly and effectively and at the same time quietly. She becomes systematic for she must accomplish as much as possible with the least

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* Prize Essay class of 1910. Prize presented by the Alumnae Association of Toronto General Hospital.

expenditure of effort; and she becomes exact, for mistakes in her work may have fatal results.

From the very nature of her duties the nurse-in-training learns self-control. She sees others quiet and self-possessed even at the most critical moments; and realizing the necessity for this, she gradually develops the same characteristics herself. A trained nurse must be always equal to the occasion. Further, she must be tactful and learn to study her patients, so that each may be dealt with in the best manner. In this way, even a patient's peculiarities will be used to help towards her recovery.

Sympathy, too, is a very essential attribute of the successful nurse. One may enter the training school with a somewhat unsympathetic nature, but the sight of so much suffering, often patiently borne, will change that. The nurse, from her understanding of the disease, is able to sympathize as another person could not. She acquires a gentle manner, becomes more thoughtful and anticipates her patient's needs and wishes, in her desire to help.

Again, the training school develops decision of character. So much is at stake that there must be no uncertainty or wavering in a nurse's nature. She is dealing with human lives and her training teaches her to think and act quickly in emergencies. She knows what to do and she does it without hesitation. She has learned to be firm without being obstinate; to exact obedience without being overbearing.

From the nature of her work, too, the nurse learns to keep her own counsel. Her position necessitates her seeing and hearing something of the affairs of her patient—matters perhaps that must never be alluded to in any way. Thus avoiding gossip the nurse overcomes a certain tendency to pettiness that might otherwise develop. Filled with a sense of the great importance of her work, she attains a dignity and gravity of mind and conduct that must place her mentally and morally upon a higher level.

Realizing, from what she sees in her daily duties, how much suffering there is in the world, and knowing often of pitiable circumstances in connection with the suffering, the nurse-in-training finds her sympathies enlarged and her horizon broadened so that her conception of life is a very different one from that of the inexperienced girl who entered the training school three years previously. She begins to see things in their true perspective and to place a proper value upon them. She possesses now, if she has taken her work seriously, a trained mind in a trained body. She has gained some degree of culture and is ready to go forward to her work with a true idea of its value, capable, efficient, and in every way worthy of the high regard in which the world has learned to hold her.

E. NORA CAMPBELL.

SOME NEGLECTED THINGS.*

There are many things to which too little regard is paid even by those who should be leaders in matters of hygiene. It is to be expected that the general public should be neglectful of many important matters regarding their

* Abstract of an address delivered to the Nurses' Alumnæ Association of the Toronto Western Hospital.

physical well being; because, even in these days of acres of paper and oceans of ink, with pseudo science expounded in the most comprehensible speech, there are still sins of ignorance—ignorance of facts well known to those devoted to the study of processes of health and disease.

The privilege of the professional is not merely to perform service and collect fees, but like every other privilege, the privilege of knowing things begets obligation, and it is the obligation of the physician and the nurse to warn those with whom they meet of impending dangers and of the indications that portend them. To the nurse, almost more than to the physician does the opportunity come. Her patients, her family, her social circle, her casual acquaintance, all mean opportunity, and that without the need of always talking "shop."

Many things are neglected that are of vital importance to the heedless, but let us whose duty it is to give warning not be prophets of terror. Our advice should be given with consideration and with due appreciation of the danger, the ignorance, the prejudice, and the fears of the afflicted.

If you speak of the need of early recognition and treatment of cancer or tuberculosis, let your suggestion be intelligent or definite, but not backed up by the black cloud of death, however real the cloud may be, near or far away.

These two are among the neglected things, and the neglect is the cause of a very high death rate in both. It is not so long since tuberculosis was thought to be, excepting in the rarest cases, hopeless, the only one entertaining hope being the patient—and perhaps some fond friend. The prognosis was usually justified by the result and is yet too often, because the early stage is passed over before suitable treatment is adopted.

If you come in contact with one having hectic flush, failing energy, persisting cough, loss of flesh, perhaps indigestion, the nurse can, so much better than the physician—unless directly appealed to—give a timely warning.

If the case should be one of tumor in the breast, hemorrhage or abnormal vaginal discharge, the hemorrhage, coming especially after the menopause, and the discharge being blood tinged or foetid, let "no delay" be counselled. All these cases will not be tubercular or cancerous, but some of them will and you have probably saved some one from premature death and covered a multitude of sorrow.

Since the public has been insistently instructed in the early symptoms of cancer and its danger, while facilities for treatment have been supplied, the death rate in Germany has greatly decreased. All over the civilized world tubercular disease has been much more amenable to treatment since more care has been given to it in the early period before great destruction has resulted. Something, too, must be credited to more rational management and scientific treatment.

Another neglected abnormality is the tonsillar enlargement of children—including the faucial—adenoid hypertrophy. From this comes deformity of the jaws, teeth, face, chest, ill development of body and intellect, with catarrh, nasal, pharyngeal, laryngeal, bronchial. Besides there is an increased susceptibility to almost every human ailment. Early operation in these cases is of

immense advantage. Deferred operation may mean death and always permanent defect.

I should like to speak with special emphasis of another neglect so universal that mine is as the voice of one crying in the wilderness. I refer to "growing pains." Now "growing pains" are no such thing. They are rheumatism, and in our country, from neglect of that condition, there are thousands of crippled hearts. A crippled heart from endocarditis results in loss of competence, distress and shortened life.

What can you do? Advise every parent that all cases of growing pains should be actively treated in bed just as any other case of acute rheumatism.

Remember that every case of valvular heart disease means a shortened life.

This is the age of dentists, and is so because we indulge too much in indiscriminate sugar and candy eating, because we eat too little of the whole grains, but especially because we eat too little hard food. When we enquire why the former generations were better than this we do not enquire wisely, if we ask about the teeth. We are enquiring about a generation that flourished before flour was so carefully bolted, when cookery had fewer devices to make food soft and luscious, and candy was not an article of daily—not to say hourly—consumption.

Teeth, like any other organ, require exercise for proper development and strength. Not only so, but the maxillary bones, the arch of the mouth and the upper air passages all come to proper form only by the functioning of the parts designed by nature, and the movement and stress of the muscles and bones in the act of mastication is of the utmost importance.

The teeth are a part of the digestive apparatus, and though culinary art may make mastication unnecessary, it does not ensalivate the food nor make teeth unnecessary. So if we wish our teeth for cosmetic or hygienic purposes let us use them. To use them early means to keep them long. That means added health, comfort, beauty and prolonged life. It means the avoidance of pain and expense. I claim, then, that to eat hard food is as much a hygienic measure as to exercise the body or breathe fresh air.

I shall not classify these neglected things in the order of their importance —I should not be able. Of one thing I am certain, that all are of great importance and that we all may have some influence in minimizing the evil growing out of the neglect by pointing it out.

J. S. HART.

THE TORONTO CENTRAL REGISTRY.

June 1st, 1905, saw the inauguration of the Central Registry of Graduate Nurses of Toronto. Miss Land, a graduate of the pioneer training school of Canada, was its first member. Since that time, the Central Registry has steadily grown in numbers, in usefulness and in influence, till to-day it easily takes first place among institutions of its kind on this continent.

The nurses in a number of other large cities have applied to Miss Barwick for help and guidance in starting similar institutions and in several

instances Miss Barwick has gone and carefully explained the working of the Registry and given valuable assistance in starting the new institution.

It has been Miss Barwick's privilege to assist in the establishment of Central Registries similar to our own, but in much of the work of the Registry it is the privilege of every member to bear a part. I refer particularly to the charity work done, where I am sure every nurse feels glad that she has a share in brightening some sad life and making some burden a little less heavy. Then, too, all the members have a share in helping to build up the library of the Toronto Graduate Nurses' Club. You remember we reported a year ago having purchased "The History of Nursing" by Miss Nutting and Miss Dock as the nucleus of this Library. We have not added to it very extensively, but there is a list of the books secured by the committee and of those presented by the Editorial Board of "The Canadian Nurse":

Books secured by Registry Committee:
"The History of Nursing" Miss Nutting, Miss Dock.
Nursing Ethics," Mrs. Hampton Robb.
Books presented by the Editorial Board of "The Canadian Nurse."
"Practical Nursing," Isla Stewart, H. E. Cuff, M.D.
"A Short Practice of Midwifery for Nurses," Jellett.
"Rotunda Midwifery for Nurses," G. Y. Wrench.
"Materia Medica for Nurses. Groff
"Fever Nursing," Wilcox.
"The Care and Nursing of the Insane," Percy J. Bailey.
"Practice of Medicine for Nurses," Hoxie.
"Obstetrics for Nurses," De Lee.
Donation by Miss Ralfe, $1.00.

Since June 1st, 1905, till May 1st, 1909, Miss Barwick was our Registrar. It is to her and to her alone that the success of the Central Registry is due. None of us realize the thorough, conscientious work and the thought—sometimes anxious thought— that Miss Barwick has so unstintedly given to the Central Registry during this time, bringing as she did her eight years' experience in Baltimore and giving our infant institution the full benefit of this and putting into it the full force of her own personality, her enthusiasm and her energy. What wonder is it if, from the first, our infant institution bore the stamp of success?

You say—But the Committee was there to render assistance in the conduct of the business. True, but in spite of the fact that the Committee rendered all the assistance in its power and gave close attention to the work in hand, the bulk of the work and worry was borne by our faithful Registrar. She must be at the telephone day and night to help the doctor when he needs a nurse in a hurry; to respond to the call from out of town and get a nurse off on a train that leaves in an hour, perhaps less; to answer brightly and cheerfully the nurse who reports for duty whether it be at 12 p.m. or 6 a.m. (this is no exaggeration).

We cannot estimate the work done or realize the heavy responsibility so willingly carried, therefore any expression of thanks and appreciation to Miss Barwick will necessarily be weak and lame when compared with her noble and ever courteous discharge of duty.

And just here let me speak, too, of Miss Barwick's invaluable assistant, her sister Miss Maud Barwick. We cannot speak too highly of the splendid work done by her in the hours when Miss Barwick was off duty. She ever took the keenest interest in the Registry and by her painstaking, faithful work and cheery enthusiasm, bore no small part in placing the Central Registry on its present high plane.

The Committee, in whose behalf I speak to-night, wish to place on record their sincere and heartfelt regret at Miss Barwick's resignation, their keen appreciation of her conscientious and faithful work, her unfailing courtesy, and her staunch loyalty to the Nurses at all times. We enjoyed our work with her and are the better for having known her.

Also we wish to express to Miss Maud Barwick our gratitude for and high appreciation of the splendid work done by her in her official capacity of Assistant, and our genuine regret that this tie has been severed.

* * * * * * * * * * * *

Since we must part with Miss Barwick and her sister in their official capacity of Registrar and Assistant, the Committee feels that the best has been done in securing Mrs. Downey, a graduate of St. Luke's Hospital, Chicago, as Registrar.

Mrs. Downey will, we feel sure, put forth every effort to carry on faithfully and successfully the work which has been so well begun. The work is new to her, most of the members as yet are strangers to her, therefore every member will feel it a privilege to render her any assistance possible.

Her sister, Miss Miller, assists her. I bespeak for Mrs. Downey and Miss Miller the hearty co-operation and assistance in the future which we have given Miss Barwick and Miss Maud Barwick in the past.

—Abstract of an Address by Miss Crosby at the Annual Meeting of the Registry.

NEW TREATMENTS OF VARIOUS DISEASES.*

It is a common saying that "Error is the forerunner of wisdom," and however the statement may be questioned in an absolute sense, it certainly finds an application in the field of therapeutic medicine, for, looking back in the history of medicine, we see many instances where advances in the curing art were entirely due to the correction of some detected error. This does not mean that olden therapeutic systems were discarded, and replaced by something new and different, but that by a gradual process defects were eliminated, exaggerated application modified, weak points strengthened, etc., until the old system apparently stood in a new dress, and perchance bore a new name.

In early days, polypharmacy, or the prolific use of numerous drugs in single prescriptions, constituted the sole hope of the physician. Now such a system is regarded as a mark of the mere empiricist. The old French monks employed and perfected a system of hand rubbing for certain ailments, which latter was elaborated and exaggerated into a more modern "osteopathy," and applied to every known ailment, with assurance of cure. Revolt

* Read before the Graduate Nurses' Association of Ontario.

against this misapplied use of an excellent therapeutic agent has given us a still more modern "massage," for selected affections. Again, homeopathy may be regarded as a protest against polypharmacy, the pendulum of correction swinging to the opposite extreme.

Other examples might be given, but this will suffice to show that modern therapy is made up from the selected gleanings of older systems—in steps conceived, initiated, and carried to a workable conclusion by the incessant energy of enterprising minds. These minds, never satisfied with the indefiniteness of medical art, kept striving on to place it on a more exact basis. That much remains to be done must be freely admitted, but that we are much indebted to the untiring energy of the pioneers of medicine must with equal freedom be acknowledged.

In attempting to discuss some of the new phases of treatment in one brief paper, much must obviously be omitted. This is merely an attempt to present a few of the new methods sufficient to indicate that progress has been made and is still going on.

Typhoid Fever.

An encouraging report on the value of anti-typhoid serum in typhoid fever has been presented to us by Chantemesse (L'Hygiene Gen. Et. App. Liquee). He states that in one thousand patients subjected to his method of treatment during the past six years, the mortality was 4.3 per cent., while the mortality in 5,641 patients treated in the other hospitals of Paris during this period was 17 per cent. Hydrotherapy was employed in all cases in addition to the serum treatment; in the hands of Brunon and Josias this method gave equally good results, and at the military hospital of Val de Grace there were but five deaths in the 90 cases so treated, the mortality for the preceding years (six) before the introduction of the serum treatment being 10.6 per cent. Chantemesse emphasizes the importance of using the serum as early as possible. He has never seen a fatal result when the patient received the serum within ten days of the onset of the disease.

The dose of the serum is from one to five drops, hypodermically. After the injections there follows a period of re-action in which the temperature is frequently somewhat elevated. The general condition is not improved during this re-action, which lasts for a few hours to several days. This phenomenon is the result of the destructions of the bacilli in the body and the consequent liberation of an additional amount of toxin.

The opsonic index is found to be increased to a greater degree in severe infections than in mild ones, and for this reason Chantemesse advises using a minimum dose of serum in severe cases, as the greater the bactericidal power of the blood, the greater will be the reaction. After the reaction comes a period of defervescence. The pulse is slowed, the blood pressure is raised, the quantity of urine increased, the spleen enlarged, and the patient feels more comfortable. The temperature usually continues to fall for ten or twelve days, when it may remain stationary for a few days, and then go on to a rapid lysis or mild relapse. The influence of the serum seems to have been exhausted by this time, and a second injection may be required.

Lieut. Luxmore, of the British Army, presents a favorable report on

anti-typhoid vaccination. In August, 1905, he inoculated with sterilized cultures of typhoid bacilli 150 men belonging to the 17th Lancers, prior to their departure for India. All the men received a second inoculation with the exception of twenty-three who refused it. In less than two months the regiment suffered from an outbreak of typhoid, during which 63 cases were recorded. Only two of these occurred amongst those who were inoculated, and these two were ones who refused the second dose of vaccine which is considered necessary in order to confer the full measure of protection.

M. Manges (New York Med. Journ. 1906) believes that the diet of typhoid should be suited to the taste and condition of the patient—the state of the tongue, mouth, abdomen, etc. The use of fuller diet is justified both from the theoretical and practical standpoints.

First, the long duration of the disease renders it imperative that the general nutrition of the patient should be kept up to the highest standard to sustain life and prevent complications, and secondary infection, as far as possible.

Second, the diet must be palatable, and must be of such character that the patient can relish and digest it, and also that it can provide for the loss of tissue resulting from the febrile process.

Third, the diet should be so regulated that no harm results to the patient on account of the peculiar anatomical lesions.

Horsslin has proved that the febrile temperature of typhoid is not increased by the quantity of food taken. The rule given is a simple one. If the patient desires more food, the quantity and variety may be safely increased.

Klemperer and others have shown that the larger quantity of food given is properly digested in spite of the fact that most of the glandular secretions are diminished, and the motility of the stomach more or less weakened. The stomach functionates well, provided the food is not given in too large quantities, and provided the deficiency of hydrochloric acid is made up by the administration of acid, or by sterilizing the food. Klemperer has proved that nearly 90 per cent. of 100 grammes of fresh, easily digested fat is absorbed and 91 per cent. of 100 grammes of albumen absorbed.

Carbohydrates are seldom found in the faeces unless excessive quantities have been taken. It is very important that all articles of food be thoroughly cooked, carefully minced or strained, and as sterile as possible. Food must be thoroughly masticated.

Kinnicutt (Boston Med. & Surg. Jour., Oct. 9th, 1903) gives the following comparisons between liberal and fluid diet:

	Liberal diet.	Fluid diet.
Relapses, per centage	11.88	10.89
Haem	4.77	8.83
Perforations	1.36	2.40
Mortality	9.47	10.55

Diphtheria.

Ker & Croom (Edinburgh Med. Jour. 1907) have employed formic acid

in 412 cases of diphtheria with the result of diminishing the death rate by 1.8 per cent. over that of the previous year. Previously strychnine had been given as a heart tonic, but in 1906 formic acid in 25 per cent. aqueous sol. in doses of 5-20 m. (0.3-1.2 C.C.) every four hours was substituted, the dose being graduated rather by the severity of the infection than by the age of the patient. No change in the heart action was noted until after 48 hours, and then the change was rather a negative one; that is to say, many of the severe infections did not show the expected cardial weakness and irregularity; on the other hand the pulse in many instances was much improved, as was the color of the skin and general nutrition. Patients were observed who appeared doomed to die of heart failure, but who rallied, this manifestation being attributable to the possible limiting effect of the formic acid upon the degeneration of the heart-muscle or its beneficial action on the undamaged muscular tissue.

Cases have been injured and a few have been aided—possibly saved—by the cold, fresh air treatment. The only regulation is to make the patient comfortable, keeping the feet warm especially. The ears, nose and hands may get cold without harm.

Pneumonia.

T. E. Rennie has adopted the open air treatment in every case of acute pneumonia occurring in the Royal Prince Albert Hospital, Sydney, N.S., during the last ten months of 1907—last report. No unfavorable symptoms of any kind were observed. Temperature never rose above 103 deg. F. Crisis was never delayed beyond one week, and almost immediate improvement was observed in the pulse, so that rarely was a cardiac stimulant necessary. He has no hesitation in recommending the general adoption of the treatment.

W. P. Northrup strongly advises the open air treatment. He says the cases most favorably affected by this treatment are those with severe poisoning, with delirium, partial cyanosis or deep stupor. Open air may be secured by screening off the bed and a portion of the room next the window. A free diet does not aim at resting the kidneys which is beneficial in acute nephritis from any cause.

Delearde (L'Ectro Med. du Nord) quotes cases of scarlatinal nephritis with oedema, haematuria, albuminuria and casts, in which all the symptoms rapidly disappeared when the patient was put on a chloride free diet. Some foods containing hydro-carbons are nourishing and non-toxic. Constipation and digestive disturbances often avoided. This diet: Soup, eggs, cream, purees of vegetables, nuts, sweet-meats, fats, bread made without salt. Treatment must be continued for several weeks to be effective.

Tincture of Iodine in Surgery.

Dr. Walter T. Dannreuther, in a paper in the Medical Record, advises surgeons to wash out wounds during operation with a watery solution of iodine—one drachm of the tincture to one pint of water. For cleansing the hands he uses one drachm of the tincture to one quart of water. Staining of the hands is unusual unless a stronger solution is used, when ammonia will remove it. He prepares catgut by immersing the strands in a watery

solution of one per cent. iodine and one per cent. potassium iodide crystals for eight days, then transferring to a dry sterile jar covered with gauze. This catgut is antiseptic and aseptic, as proved by bacteriological experiments; it absolutely cannot be infected; its tensile strength and pliability are increased, and it is exceedingly cheap.

Dr. Dannreuther says iodine is a germicidal agent of high potency—one of the most valuable antiseptics in our armamentarium, and endowed with remarkable penetrating power. For two years he has not had a case of stitch abscess in wound infection.

Scarlet Fever.

The Journal of the American Medical Association says: "The advantage of hot, or at least warm water bathing in scarlet fever is well set forth by Dr. H. W. Rover, of Denver, in Colorado Medicine."

He premises the discussion of the hot-water treatment of this disease by the statement that "What the cold bath is to typhoid fever, the hot bath is to scarlet fever. The advantages of hot baths in this disease are that they hasten the completion of the eruption; quiet restlessness and prevent cerebral excitation, dilate the peripheral blood vessels, and increase heat radiation and diaphoresis, which is often absent in this disease; tend to prevent itching; relieve the congestion of the kidneys due to dry skin; make desquamation more rapid; and tend to remove daily the dry epidermis that, if not prevented by oily applications, will fly about and spread the contagion.

Scopolamine in Labor.

Kronig believes that scopolamine given in conjunction with morphine, surpasses all other anaesthetics in labor, producing the so-called "dawning sleep." A three hundred per cent. solution of scopolamine hydro-bromide, and a one per cent. solution of morphine are used.

The first injection consists of 4.5 decimilli grammes of scopolamine, and one centigramme of morphine. It is given while the patient is having pains lasting at least thirty seconds, and which occur at regular intervals of four or five minutes. The first effects are generally manifest about half or three-quarters of an hour later. The patient becomes sleepy, and slumbers between pains, but awakes when the pains return.

A second injection of from 1.5 to 3 decimilligrammes of scopolamine alone is given an hour after the first.

Half an hour later, the perspective capacity of the patient is tested by asking her if she recognizes an object previously shown her half an hour before, or if she remembers how many injections she has had. If she fails to meet these tests, no further injection is necessary.

As a rule, all injections following the first contain scopolamine alone.

Patients may thus be kept semi-conscious for hours. After a successful "dawning sleep," women awake—no post-partum haemorrhage, perfectly happy, and declare they have felt nothing.

Everything depends on the correct dosing of scopolamine, and the only available standard as to the correctness of the dose is the test of the patient's consciousness. Loud noises, strong lights, etc., are a considerable drawback in achieving good results.

The author's conclusions are based on his experience in 1,200 cases. The length of labor is only immaterially increased, and the method is certainly without danger to the mother, and probably without danger to the child. Of the 1,200 women, only two died soon after confinement, and neither of the deaths could be in any way attributed to the scopolamine. It can be used even in cases of organic heart disease.

Under restrictions of time, it will be possible to make only a passing reference to a few of the many other departments of the healing art.

In cutaneous affections, we still employ the much tried remedy ung. hydrarg. ammoniatum, stimulating lotions, sedative lotions, powders active and inactive, but of late years the uses of mag. sulph. in cases of erysipelas has been rewarded with a success almost phenomenal. Compresses wrung from a saturated solution of this salt and applied every two hours or oftener have succeeded in effecting a cure in forty-eight hours. This remedy is especially valuable because it can always be early secured, is perfectly safe in the hands of the inexperienced, and is quite within the reach of the most impecunious.

In obstetrics, there is little to note, with the exception of scopolamine just mentioned. More attention, however, has of recent years been given to the uses of ergot in cases of labor. It has long been known that the earliest action of this drug is to constrict the cervix, thus impeding progress rather than aiding it. A proper recognition of this action has led to an almost universal discontinuance of the drug during labor.

Contra, its use after labor as a safeguard against haemorrhage is sufficiently obvious without further comment.

In the field of gynaecology, just a word in passing regarding the use of aloes and mag. sulph. Here so many of the troubles are inflammatory in character, and a free bowel so necessary that some attention has been given to securing the most efficient drug for this purpose. A close study of the physiological action of the two drugs just mentioned has led to the discontinuance of the use of aloes—so commonly used heretofore—and the highly recommended use of mag. sulph. It has been found that where aloes increased the congestion of the female organs of generation, mag. sulph. had the opposite effect—relieving the congestion, and thereby the pressure on the terminal nerves and the pain resulting from such pressure. The advantage of its use is evident.

In conclusion, it must be noted that many of our old drugs have taken on new properties—a natural result in the ever diligent search after new and possibly better methods in the treatment of disease.

Reference has already been made to the use of mag. sulph. in cutaneous diseases, especially erysipelas. Its use in case of burns and inflammatory dermatoses is equally worthy of mention. More recently, it has been discovered that quinine decreases the number of white blood cells. If this is further proven, it is quite clear that this drug will be contra indicated in all suppurative or inflammatory affections, especially in septicaemia. Other examples might be given, but sufficient for the present to illustrate the changes in effect of old and much used remedies.

From this necessarily brief and imperfect survey of advances and changes in therapeutic methods, we can note the incessant activity of modern research. Should we presume to forecast the future, are we not safe in saying that medicine, heretofore at best a more or less indefinite science, will soon be considered one of the most exact sciences?

M. JEWISON.

THE NURSE AS AN OBSERVER.

(Continued.)

How much should a nurse be taught regarding the observation of symptoms in the first year? is a very necessary question to be decided if one expects to adopt a systematic plan for teaching and training. In the text books a variety of phenomena are mentioned briefly, as worthy of note when they occur. This theory the nurse needs, but she needs also to have that theory applied to human subjects in the wards every day by trained nurses who are "apt to teach," and by physicians especially appointed to teach nurses how to observe symptoms. "What is everybody's business is nobody's business." We may say that all physicians should, as opportunities arise at the bedside, call attention to significant symptoms every day, but we have no assurance that it will be done. We know it is not done.

In some of the leading schools of the United States one physician is appointed to be responsible for clinical teaching of symptoms. The aim is not, and has never been, to teach diagnosis, nor to encourage the nurse to attempt diagnosis, but simply and solely to make her more efficient as a nurse by better training of her observing faculties.

The head nurse who is constantly with her patients has the best opportunities of all to teach symptoms and train the pupil's eye to see and mind to perceive. Whether or not she utilizes those opportunities will depend to a considerable degree on how well she has been trained, or has trained herself along those lines. She cannot satisfactorily teach how to observe and what to look for unless she tries to broaden her ideas and improve her methods each year.

One of the very best of the recent books, in fact a very valuable book for head nurses to own and study with a view to improving in bedside teaching, is, Essentials of Medicine, by Dr. Chas. P. Emerson. The criticism the author makes in his preface is one which teachers of nurses all need to take to heart, though it is aimed at medical students for the most part. He says: "Our nurses often know a great deal in a general, indefinite, inaccurate way. They seldom have a clear, sharp mental picture of the elements of a subject." Speaking of medical students he says that "Many lack perspective in their medical studies. They do not learn the A B C of the disease first and then proceed to its more difficult study. During their second year they are taught the pathology of a disease, including a discussion of the nature of the disease as a whole, and its most difficult points. During the next year they hear much of its clinical chemistry and microscopy and more of the theories concerning it: In the fourth year perhaps they see their first patient with that

disease. They read up at once, often in a large system of medicine, all about its symptoms, course, clinical varieties, complications, sequelae, and treatment. And so it is no wonder that if at the end of the fourth year in aquiz the instructor asks a very simple question about that disease they look confused. Ask some difficult and worthless theory and they can talk at length. If he demands a definition of that disease in twenty words, for instance, they looked dazed. Ask for its four most important symptoms and the four they give will often be the disputed, the accidental, or the rare ones. They have not learned to separate the important from the unimportant." The chapter on Signs and Symptoms is worth many hours of study on the part of head nurses, after they think they have mastered the theory of observation of symptoms as set forth in the regular text books of nursing. There the writer makes a distinction between "Signs" and "Symptoms." "Signs," he states, "are the province of the doctor; symptoms are in a peculiar way that of the nurse."

How many pupil nurses are there who could off-hand write a concise, accurate definition of typhoid fever with the four most important early symptoms? How may the method of teaching observation be improved?

To begin with we may wisely spend a little time at the beginning of the teaching regarding each disease in teaching definitions. It is certainly disconcerting to find that after we have spent much time in discussing the subject of diseases and their varieties to ask a class "What is disease?" and go the rounds of the class without getting a clear, definite answer. It is better by far to teach thoroughly regarding a smaller number of common diseases than to rapidly and superficially touch on fifty unusual diseases.

The teaching of symptoms for the first year might wisely include the general points which nurses should observe in connection with all classes of patients—the mental condition, voice, facial expression, eyes, lips, mouth, tongue, skin, structure of body, position in bed, sleep, temperature, pulse, respiration, cough, expectoration, appetite, disorders of digestion, evacuations, urine, nervous symptoms, disorders of consciousness, disorders of sensation or special senses, abnormal discharges of all kind. Since the problem of pain is one which nurses will have much to do with, the different kinds of pain and their significance need more than a passing mention. The importance of certain combinations of symptoms may wisely be dwelt on as, for instance, an abnormal sleepiness and a decrease in the urine. To be able to detect those symptoms early and appreciate their importance has meant the saving of many a life; to fail to see their importance—the loss of many a life.

Several bedside clinics of a general nature may also be arranged for during the first year, to supplement and make clear the teaching. One may well be devoted to temperature and its significance in a variety of diseases—charts being shown and special points worthy of note being mentioned. The significance of temperature in children's diseases may also be noted, as compared with adults. Another clinic on respiration, its rate and character would surely be worth while, and one also on pulse.

How to prepare a patient for a doctor's examination and the best posi-

tions for examining different regions can be made a valuable bedside lesson during the first year. It should not be left to chance teaching.

C. A. AIKENS.

ERRATA.

The following corrections should be made in the address of Dr. E. M. von Eberts on "Surgical Tuberculosis" (May number):—

(1) For "these clinical forms" read "those clinical forms."

(2) For "attention generally accorded tuberculosis infections" read "tuberculous infections."

(3) "As soon as the . . exactions or emergencies permit" for "exactions of emergencies."

(4) "A municipality of ukases enjoining, etc" for "a multiplicity of ukases."

(5) "The levelling of the pailings" instead of "palings."

(6) "What these animals required was fresh brouse," which should be written "browse."

(7) "A light woollen toque" for "tuque."

(8) "The patient can heat only the surface," which read "only one surface."

BE THANKFUL.

"If you have the sense to realize that this is inevitable, unavoidable, and the way of the world, and if you have the sense to talk over, in a friendly way, the first delicate situation that arises, the difficulties will disappear and recurrences may be made impossible. A man of whom you may have heard as the incarnation of unprofessional conduct, and who has been held up as an example of all that is pernicious, may be, in reality, a very good fellow, the victim of petty jealousies, the mark of the arrows of a rival faction, and you may, on acquaintance, find that he loves his wife and is devoted to his children, and that there are people who respect and esteem him. After all, the attitude of mind is the all-important factor in the promotion of concord. When a man is praised, or when a young man has done a good bit of work in your special branch, be thankful—it is for the common good. Envy, that pain of the soul, as Plato calls it, should never for a moment afflict a man of generous instincts and who has a sane outlook in life."

WILLIAM OSLER.

The Executive Council of the Victorian Order of Nurses have decided to have monthly bulletins sent out to the local branches. These will contain synopsis of the proceedings of each monthly meeting, which are of general interest, and will act as an additional unifying factor, enabling each Local Association "so far to feel the pulse of the whole machine," as the honorary secretaries so well expressed in their last Annual Report.

Elsewhere in this issue will be found an account of the opening of the V. O. Hospital at Almonte. It stands to the north-east of the town, and is built of stone with cement facings. It is a three-storey, gable roof building, and accommodates 12 patients, containing in all 16 rooms, including the dispensing room and the operating room, which is equipped with an operating table, second to none in the Ottawa Valley. It has two public and three private wards, all having the most modern furnishings, which have been provided by private donations, and partly also by the Alexandra Club of Almonte, a club of girls and young women. One of the features of the equipment is the excellent water supply, the water being pumped from a spring-fed boiler by electricity to all parts of the building. This furnishes ample fire protection also.

Miss Macdonald, of the Victorian Order, the pioneer nurse of Lady Grey's Country District Nursing Scheme, left some weeks ago for the field of her labors in Alberta.

At Lady Hermione Blackwood's request, a doll, dressed in the complete uniform of the Victorian Order—indoor and outdoor—is being sent for the District Nursing Exhibit at the International Congress of Nurses, in London in July.

A post-graduate course in district nursing—four months— is given at one of the three training centres of the Order, at Ottawa, Montreal, or Toronto. For full information, apply to the Chief Superintendent, 578 Somerset Street, Ottawa, to the Montreal District Superintendent, 76 Mackay Street, Montreal, or to the Toronto District Superintendent, 206 Spadina Avenue, Toronto.

Many positions requiring nurses with superior qualifications and marked executive ability are filled from the ranks of the Victorian Order nurses every year.

The Guild of Saint Barnabas

CANADIAN DISTRICT

MONTREAL—St. John Evangelist, first Tuesday, Holy Communion at M.G.H., 6.15 a.m. Second Tuesday, Guild Service or Social Meeting, 4 p.m. Third Tuesday, Guild Service at St. John's, 6.15 p.m. Last Tuesday Holy Communion at R.V.H., 6.15 p.m.
District Chaplain—Rev. Arthur French, 158 Mance Street.
District Superior—Miss Stikeman, 216 Drummond Street.

OTTAWA—The Cathedral, First Monday.
Chaplain—Rev. Canon Kitson, the Rectory.
Local Superior—Miss L. C. Wicksteed, 494 Albert Street.

TORONTO—St. James' Cathedral Rectory, last Friday, 8 p.m.
Chaplain—Rev. Canon Edward A. Welch, St. James' Cathedral Rectory.
Local Superior—Mrs. Welch.
Secretary—Miss Maud Roger, 5 Howland Ave.

The May meeting of the Toronto Branch was held on May 25th at St. James' Rectory. A large number were present, and two associates were admitted as members. After the service a discussion took place, as to where the annual meeting should be held. The Lakeside Hospital was finally decided on. Then a copy of the new District Constitution sent by Miss Stikeman was read, but discussion on it postponed until annual meeting. The Superior gave notice of the resignation of the Secretary, and the appointment of Mrs. Barrow as new Secretary-Treasurer. The annual meeting was held at Lakeside Hospital, as has been stated, by the kind invitation of Miss Brent. The members went over on the 4 o'clock boat, and after going over the hospital, a social half-hour was spent followed by a delightful tea on the large verandah. At 7 p.m. service was held, and an address, "Being Members One of Another," was given by the Chaplain. After the service Miss Brent (in the absence of Mrs. Broughall) presented to Canon and Mrs. Welch a brass branch candlestick and a brass ink stand as tokens of the love and esteem in which they are held by the branch, and in gratitude for their untiring zeal in helping each nurse to realize her responsibility. May God bless them in their new life, is the prayer of every member! Canon Welch suggested the Rev. F. G. Plummer as Chaplain, and Mrs. Broughall as Superior (pro tem) which names were heartily approved. The meeting then adjourned, being voted by all a very enjoyable one. We are glad to welcome back an old member, Miss Cummings, who has been training in Hartford Hospital for the last three years. Three visitors were present, Miss Webb from England, Mrs. Downey (Central Registry) and Miss Alexander.

My Scallop-Shell of Quiet

GIVE me my scallop-shell of quiet,
My staff of faith to walk upon,
My scrip of joy, immortal diet,
My bottle of salvation,
My gown of glory, hope's true gage;
And thus I'll take my pilgrimage.

Blood must be my body's balmer;
No other balm will there be given:
Whilst my soul like quiet palmer
Travelleth toward the land of Heaven:
My soul will be a-dry before,
But, after, it will thirst no more.

—*Sir Walter Raleigh*

A Standard of Judgment

Would you judge of the lawfulness or unlawfulness of pleasure, of the innocence or malignity of action? Take this rule: Whatever weakens your reason, impairs the tenderness of your conscience, obscures your sense of God, or takes off the relish of spiritual things—in short, whatever increases the strength and authority of your body over your mind, that thing is sin to you, however innocent it may be in itself.

—Susanna Wesley.

All I Could Ask of the Nurse

The better the woman, the better the nurse. No, I do not mean to discourage. I want you to feel how noble is the life before you, and I foresee for you that which has been to me a source of happiness—the satisfaction of work well done, of success where hope seemed dead, the pleasure of watching the return of health, of seeing the rose replace the lily. You will often be repaid by gratitude, and if not, then repay yourself with thankfulness for opportunities of helpfulness. While criticising the possibilities of your lives, I was ever recalling to mind the nurses, my friends, without whom I should often have failed. I think, too, with the deepest gratitude, of the nurses who in my own days of disaster amid grave peril of contagion, gave all I could ask of the nurse, courage, ideal competence and self-devotion beyond praise.

—S. Weir Mitchell.

The Canadian Nurse

VOL. V. TORONTO, JULY, 1909 No. 7

Editorial

THE INTERNATIONAL CONGRESS OF NURSES.

As our readers are all fully aware and greatly interested to know, the Second Quinquennial Meeting of the International Council of Nurses will take place on July 19th, and will be followed by the International Congress of Nurses on the four following days, July 20-23. The full preliminary programme appears as our initial article in this number, and we hope to devote all or almost all our space in August and September to papers presented there. This is the most important and far-reaching gathering of nurses ever held, and we are publishing this number early in order that any nurses who may have been obliged to leave their plans to the last moment may still set sail for England, if it is at all possible for them to do so.

Canada, by the great courtesy of the officers and executive, will have no small share in the acts of the Congress, and in particular has been, through its official representatives, accorded a signal honor. Miss Snively, Lady Superintendent, Toronto General Hospital, has received the following letter from London, England:

"The King has graciously acceded to the request of the Canadian National Association of Trained Nurses, and given you permission to place a wreath on Queen Victoria's tomb at Frogmore, Mausoleum."

This ceremony will be performed on July 24th by Miss Snively, President, Canadian National Association of Trained Nurses.

The formal ceremony of affiliation of the Canadian National Nurses' Association with the International Council will also take place and will be full of interest.

Among Canadians at the Congress, we have been informed, the following will attend: Miss Mary A. Snively, President Canadian National Association of Trained Nurses; Miss Louise C. Brent, Superintendent Hospital for Sick Children, Toronto; Miss Alice J. Scott, Superintendent of Nurses, Grace Hospital, Toronto; Miss E. Baikie, President Canadian Nurses' Association of Montreal, 25 Lorne Ave., Montreal, Que., and Miss Nora Tedford, Head Nurse, Montreal General Hospital, Montreal, Que.; Miss A. Colquhoun, Miss M. Colquhoun, Miss Hill, Miss Des Brisay, Miss Fisk, Miss M. Welch and Miss McGregor, all members of the C. N. A.

THE CANADIAN NURSE AND THE WEST.

At the last meeting of the Editorial Board, all eyes were turned to the West. So many cordial invitations have been received by the Editor and

members of the Board to visit the West and the interests of the nursing profession, as of every other Canadian institution, are so great and growing in that patr of our country that it was the unanimous feeling of all those present at the meeting that these kind invitations should be accepted, and that the Editor, and, if possible, Miss Lennox, who was the first to propose the founding of the Canadian Nurse, should visit the West. Arrangements have not yet been completed, but it is hoped that we may shortly be able to announce definite plans which will give an early opportunity of meeting many of our valued friends and fellow workers in the West.

A MISTAKE.

We greatly regret that a mistake occurred in our June issue. One of the articles which appeared there had been published in 1908 by "The American Journal of Nursing." It was sent to us in manuscript, as if it were an original article, and signed by a name which appeared as "Matron" on the printed heading of the paper on which it was typewritten. Not dreaming that it had been published before, we accepted it for publication, and while we regret the mistake and tender this explanation and a respectful apology to our esteemed contemporary, wo do not and cannot regret that it was because of our trust and confidence in the members of the profession that we made the mistake. We are now sadder, and wiser, but we hope we shall not be more suspicious.

Editorial Notes

Great Britain.

The Jubilee Congress of District Nursing.—This Congress has been a signal success, and we can only regret that our space will not permit us to make an extended reference to it. Much attention was given to the work of the school nurse, to the registration question, and sick-room helpers.

The United States of America.

Conference of School Nurses.—The Nurses' Journal of the Pacific Coast announces that a conference of the school nurses of the Pacific Coast has been called for July 6th and 7th, in Seattle, Wash. It is hoped that all the school nurses of the Coast will avail themselves of the exposition rates, by water or rail, and be present. Miss Lina Rogers, first school nurse in New York City, has been invited, and it is hoped that not only will many helpful ideas and plans for the future be evolved, making the work of the school nurse of this Coast more uniform and of greater power in the work of medical inspection of schools, but that a permanent association of school nurses may be formed which will be a constant incentive to advancement.

Seattle will have a model school at the Alaska-Yukon-Pacific Exposition, and one of the school nurses will give a class-room demonstration once a week.

All school nurses are cordially invited to attend this conference. Those intending to do so should address Mrs. Edith M. Hickey, school nurse, care Superintendent of Schools, Seattle, Wash.

Scotland.

A Heroic Nurse.—The Mayor and Town Council of Alesavon have opened a benefit fund for Nurse Wharton, who, at great cost to herself, saved the life of the child she was nursing when the Jersey Beach Hotel fire occurred in December, 1908.

England.

Queen's Hospital Examinations.—Miss Bushley, the Lady Superintendent at this well-known hospital, has appointed Miss Burleigh, of the Edinburgh Children's Hospital as an outside examiner for the nurses in the final year. This is a new and good idea. Twenty-nine nurses were examined and only one failed. The examination was on practical nursing.

Ireland.

Lady Dudley's Nurses.— *The Nursing Times* remarks that there is no nobler work done in Great Britain than that done by Lady Dudley's nurses. There are now eighteen nurses and they did much good work last year.

India.

Lady Minto's Indian Nursing Association.—This excellent association has now entered on its third year and is steadily advancing. The organization consists of a central committee in Calcutta, whose president is the wife of the Viceroy, and whose secretary is the Viceroy's surgeon, and nine provincial branches. The central committee selects, pays, distributes, and discharges nurses, and the provincial committees control the employment and upkeep of the nurses and collects subscriptions and fees. Subscribers pay according to salary, and are entitled to a first claim on the services of the nurses and at lower rates than non-subscribers. Firms and regiments are permitted to join the association on special terms. Three lady superintendents and forty-four nurses constitute the staff, and 338 cases were attended during the year, of which 103 were cases of enteric fever.

UNNECESSARY EXERTION.

A lady doctor, writing to the *London Daily Chronicle* on "Women Workers," makes the following unanswerable statement: "If you come to estimate a day's work—even in foot pounds—the woman who cleans, bakes, washes and takes to school six children, carries water and tramps upstairs and down for sixteen hours a day, need not fear comparison as to kinetic energy even with a miner working eight hours." True; but is all this quite necessary? —*Punch.* Could not her children sometimes go to school unaccompanied and unbaked? And why must she keep on carrying tramps up and downstairs all the time? Is it even fair on these poor unemployed?

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The Canadian Permanent Army Medical Service (Nursing Branch).
The Canadian Society of Superintendents of Training Schools for Nurses.
The Canadian National Association of Trained Nurses.
The Association of Hospital Superintendents of Canada.
The Canadian Nurses' Association.
The Manitoba Association of Graduate Nurses.
The Graduate Nurses' Association of Ontario.
The Victorian Order of Nurses.
The Guild of St. Barnabas for Nurses.
The Brockville Graduate Nurses' Association.
The Collingwood G. and M. Hospital Alumnae Association.
The Calgary Graduate Nurses' Association.
The Edmonton Graduate Nurses' Association.
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The St. Catharines General and Marine Hospital Alumnae Association.
The Toronto Central Registry of Nurses.
The Toronto General Hospital Alumnae Association.
The Toronto Grace Hospital Alumnae Association.
The Toronto Graduate Nurses' Club.
The Toronto Hospital for Sick Children Alumnae Association.
The Toronto Riverdale Isolation Hospital Alumnae Association.
The Toronto St. Michael's Hospital Alumnae Association.
The Toronto Western Hospital Alumnae Association.
The Winnipeg General Hospital Alumnae Association.
The Vancouver Graduate Nurses' Association.

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THE ALUMNAE ASSOCIATION OF THE HOSPITAL FOR SICK CHILDREN TRAINING SCHOOL FOR NURSES, TORONTO.

For the year ending October 15th, 1908.

Officers for 1908-09: Miss Barnard, President; Miss A. Clarke, 1st Vice-President; Miss L. Adams, 2nd Vice-President; Miss A. Robertson, Recording Secretary; Miss B. Goodhall, Corresponding Secretary; Miss M. Wilson Treasurer; Miss M. Gray, 505 Sherbourne St., Secretary for "Invalid Cookery"; Misses M. Haley, E. Jamieson and M. Ellrington, Directors; Miss J. Hamilton, 608 Church St., Convener of General Business Committee; Miss Sales, Miss McQuaig and Miss J. Gray.

THE ALUMNAE ASSOCIATION OF THE COLLINGWOOD GENERAL AND MARINE HOSPITAL TRAINING SCHOOL FOR NURSES.

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Sick Visiting Committee: Miss Moore, Miss Robinson, Miss G. Morton, Miss Klinck.

The meetings are held on the last Thursday of the month at 3 p.m. in the board room of the hospital.

QUEEN ALEXANDRA'S IMPERIAL MILITARY NURSING SERVICE

The following ladies have received appointments as Staff Nurses: Miss K M. Burgess, Miss W. Halloran.

THE GRADUATE NURSES' ASSOCIATION OF ONTARIO.

Officers 1909-10.

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Questions of Interest.

Those of us who were able to attend the annual meeting of the Ontario Nurses' Association were fortunate indeed. Such an assembling together for the hearing and discussing of nursing problems could not be other than interesting and helpful, especially so were the papers on "Problems of the Private Duty Nurse," and "New Treatments of Various Diseases," while the talk and discussion on "Registration" could not fail to interest all who are desirous of promoting our best interests.

That nursing as a profession has need of registration is an undisputed fact and that one attempt to secure it in Ontario met with failure does not lessen the need, neither was it proof to those interested in the bill brought before our Legislature in 1906 that they were unreasonable in not passing the then proposed bill. It is not my purpose to criticize unjustly members of the nursing profession or superintendents of training schools—far be that from my intention; all honor, I say, to pioneer nurses and instructors of nurses; they have labored faithfully and done much for our profession, often against heavy odds, as was the case with those who endeavored to achieve registration three years ago. Without any reflections, however, the question can be reasonably asked: Are we ready for registration—in other words, have we a standard of education for nursing schools in Canada or Ontario that our Government can justly uphold? If so, then we are ready.

It is thought that much will be accomplished in aid of registration by educating members of the hospital boards, members of Legislature and others who will be interested if approached in presenting another bill to Parliament. Undoubtedly that will be the case, but would it be well to ask ourselves if we are as well educated on this question as we require to be, before presenting or even proposing a bill that would become a law if upheld by our Government.

There are many questions which the mind, educated or uneducated, must consider if we are to deal with this matter impartially. We hear much about the benefit following registration in some of our neighboring States, much of which is unquestionably true, but some of which is open to question, consequently it may be wise to consider which is the better way to proceed, secure a standard curriculum and ask the Government to recognize it, or must registration come first and a provincial standard follow later? At present

we have a number of institutions in Ontario supported at least in part by our Government; which are training nurses. These nurses have entered the training school for the purpose of becoming trained nurses and are giving their services in return for their education as a nurse. It cannot be disputed that the noble work they are doing is for the citizens, or shall we say Government of Ontario, for are they not caring for helplessly poor and unfortunate sick? At the end of their course, two or three years as the case may be, they graduate and seek a livelihood by continuing in their chosen profession. Alas! that so many find they are handicapped by inadequate training or lack of station, and the question arises, where to supplement the training already received. Many are now endeavoring, individually and as training schools, to supply their lack by a post graduate course or senior year work in the American hospitals. Surely no citizen in Canada, much less members of hospital boards or legislators require to be educated, once they understand this situation, to detect the rank injustice of upholding a law that would necessitate a nurse going to the United States to secure supplementary training in order that she might register as a nurse in Ontario.

Had the proposed bill for registration of nurses become law in 1906, that is the situation some of our nurses would have found themselves placed in. Need we wonder such a bill met with failure? And to whom will we rightfully attribute the cause of failure? These latter questions belong to the past, and now we are face to face with the future and the future advancement of our profession. Three years have rolled by since some one quoted "The best laid plans of mice and men, **and nurses,** gang aft a-gley." During the period of waiting before again laying plans, what has been done individually or as a nursing body to better our condition, so that when our legislators are again asked to consider registration we will not expect more than can in justice be granted by them, no matter how we proceed? Alas! for the profession, little is recorded by way of altering our position: if the American hospital closed her doors on Canadian pupil nurses and graduates seeking supplementary and post graduate courses as she is doing to some extent on the private duty and paid institutional nurse, where would our nurses go? Perhaps it would be fortunate for Canadians if such were to happen, for then this matter would naturally be forced home more strongly. To some minds at least this problem of whether our nurses must supplement an insufficient training under the Union Jack or under the Stars and Stripes is no trifling matter, and it would become much more serious if our Government recognized and endorsed a bill such as the one formerly proposed. There are few if any graduate nurses who would do aught to condemn or hinder registration, for every nurse must at some time be forced to see our need. There were nurses, however, who condemned our previous bill, but was it not a just condemnation?

In the May issue of "The Canadian Nurse" appeared an article on "The inadvisability of training a nurse for one year in a small hospital, with the idea of having her complete her course is a large one." It is a pleasure to know we have in the profession such women as the writer. We cannot all train in large institutions, even if we would, neither is it possible for large

institutions to care for all branches of illness or do all the nursing which is at present in the hands of the pupil nurse, rightly or wrongly so is not for discussion here; suffice it to say with the writer of the before mentioned article, that this question of affiliation of training schools is a necessary but serious matter, as is also that of post graduate work, which the same writer sums up as "Not very satisfactory." We are glad some one has had courage to make that statement in public. There may be post graduate schools in America that were organized for the higher education of the graduate nurse, but there are undoubtedly some in existence, whose aim in advertising post graduate courses was to supply a shortage in their regular nursing staff, thereby getting their regular ward work accomplished in a more proficient manner than by junior pupil nurses; they make the further education of the graduate of very secondary consideration, if they consider it at all. However, our aim is not to thwart or oppose any steps that have been taken or may be attained for mutual advancement. "Forward" be every nurse's watchword, and if registration is our first step, may success come soon. Methinks, nevertheless, some good advice was given by one speaker at the annual of the O. N. A. "Do not hurry, be ready."

A few more questions worthy of every nurse's consideration and my story is ended. Will it be advisable for nurses in Canada to secure provincial registration or would united effort and expenditure for the Dominion be a better plan?

These are important questions; can we afford to deal lightly with them, or pass them by, allowing the few workers all the responsibility? Nay! rather let us have it said of each and all of us, "She has done what she could," even if our "could" be only a thorough understanding of our needs and qualifications.

A GRADUATE NURSE.

There is no joy in life like work and no joy in work without responsibility—Isla Stewart.

Be not disgusted, nor discouraged, nor fret, if you do not always succeed in acting conformably to your good principles. But, though repulsed, renew the charge, and perform with complacency all the duties of humanity; and do not return with reluctance to your philosophy, like a boy to school.—Marcus Aurelius.

"Encouragement is one-third the business of the physician, but if it is to be permanent and not a mental cocktail, we must give the patient good reason for being encouraged, which usually means religion or its equivalent. It is the disregard of these facts that has sent so many patients away from physitians and into the hands of Christian scientists and mental healers."—Richard C. Cabot Mc.D., of Boston.

Hospitals and Nurses

Miss A. L. Bufton, of Edmonton, has gone to Reston, Manitoba.

Miss O'Connor (V. G. H.) is expecting to take a trip east for the summer.

Miss Mary Wilson (V. G. H.) has gone east for a three months' holiday. She will visit Winnipeg, Toronto and New York.

The Alumnae Association of the Vancouver General Hospital Training School for Nurses, will discontinue their monthly meetings through the summer months.

Miss E. Orme and Miss Atherton, both graduates of Queensland Hospitals, Australia, have arrived in Vancouver, by the R.M.S. Makura, June 2nd. They both intend to take up nursing in the west.

Miss Colquhoun had a very enjoyable five o'clock tea for the nurses who are leaving for London on the 3rd of July.

Miss Baikie, President of the C.N.A. and Miss Phillips, Secretary, were present at the luncheon given to Lady Aberdeen at the Place Viger Hotel.

Miss Fralick (T. G. H.), with her father and sister, is on her way to the Pacific Coast via the C.P.R. and the Rocky Mountains. It is expected that several of our eastern nurses will enjoy the delights of a glimpse of Western Canada this year.

Probably one of the prettiest and most successful graduating exercises in the annals of Victoria Hospital was held on Wednesday afternoon, May 19th, in the presence of about 300 friends of the graduates in the Hospital Building. Ward X. was most tastefully decorated for the occasion, with palms and bunting of old gold and purple, the Institution colors. The platform was banked with palms and flowers, presenting a particularly pleasing appearance.

Mayor Stevely presided, and the exercises were opened with a prayer by Rev. S. W. Howard, of Christ Church. This was followed by an orchestral selection, after which Mr. Howard delivered an inspiring address to the graduates, impressing on them the greatness of their vocation and the unlimited opportunities that lay within their grasp for doing good. Miss Edna Mortimer then rendered a solo, after which Chairman Screaton, of the Hospital Trust administered the Florence Nightingale pledge to the nurses. Diplomas and badges were then presented to the graduating nurses who are: Lilla G. Phillips, Margaret C. Rennie, Cosae M. Haskin, Edith C. Partridge, Jean Gilmour, Clara L. Barter, Susie S. Sutherland, Effie C. MacIntyre, Eleanor M. Seely, Grace T. Wilson, Ida Loveless, Mabel E. Butt, Beatrice E. Large, Lena T. Birchard, Margaret M. Macauley, Margaret J. Reynolds, Margaret Johnson. Each of the graduating nurses was the recipient of beautiful flowers from friends.

After a harp solo Dr. W. H. Moorehouse delivered a masterly address to the class. Mr. Cyril Dwight Edwards then rendered a solo.

Dr. J. S. Niven presented the special prize medals. Miss Lilla Gertrude Phillips was the winner of the Hospital Goid Medal, Miss Margaret C. Rennie was awarded the Silver Medal, while Miss Clara L. Barter received the Special Bronze Medal presented by Trustee Judd. Mayor Stevely, with a short, appropriate address, brought the proceedings to a close.

In the evening the nurses acted in the capacity of charming hostesses to a large number of their friends in the Nurses' Home. In addition to the regular programme of dancing and cards, a musical programme was added. The "At-Home" was unanimously declared a signal success and broke up shortly before mid-night. This closed a red-letter day in the graduate's life.

The Graduating Exercises of the Training School of St. Luke's General Hospital, Ottawa, were held on Thursday, May the 27th, 1909 at 4 o'clock p.m., and were exceedingly pleasant and enjoyable. The programme was as follows:

Opening Address—The Chairman.

Report of the Training School—Dr. W. Carden Cousens (acting Chairman of the Medical Board).

The Nightingale Pledge to be taken by the Graduates.

Presentation of Diplomas and Medals—Mrs. W. G. Perley (President of the Ladies' Auxiliary).

Valedictory.

Presentation of Special Prize from the Lecturing Staff.

Presentation of Medal from Lady Superintendent.

Address by Professor Adam Shortt.

The list of Graduates is: Mary Kathleen Moore, Bowesville, Ont.; Lena Maude Smirle, North Winchester, Ont.; Mildred E. Edey, Wyman, Que.; Mary Edith Surtees, Bouchette, Que.; Rebecca Watson, Smith's Falls, Ont.; Maude Victoria Spence, Glenarm, Ont.; Margaret Theodora Albright, Vankleek Hill, Ont.; Beatrice Lukes Ramsey, Newmarket, Ont.; Isabella Louise Slack, Arnprior, Ont.

The graduating exercises of the General Protestant Hospital, Ottawa, were held in the Lecture Hall of the Lady Stanley Institute on Friday, May 28th, at 4 p.m., when nineteen nurses received their diplomas.

Mr. J. W. Woods, President of the Hospital Board, was in the chair, and the diplomas and pins were presented to the graduating class by Mrs. Woods.

Addresses were given by the Rev. Dr. Herridge, Rev. Dr. Cameron, Sir Frederick Borden and Dr. I. G. Smith, Chairman of the Medical Board.

Miss Helen Stuart, who took the highest marks in nursing, was presented by the Chairman of the House Committee with a special prize in the form of a nurse's chatelaine.

Owing to the inclemency of the weather, tea, which, on former occasions had been served on the spacious lawn of the Institute, was served in the Nurses' Reception Room by the members of the Ladies' Auxiliary.

The following nurses received diplomas: Miss Pearl Walker, Brighton, Ont.; Miss Jean Wilson, Shawville; Miss Caroline Calton, Lachute; Miss Alice Cronkhite, Courtwright; Miss Lillian Merkley, Brockville; Miss Isabel McLean, Sand Point; Miss Olivia Caldwell, Mandtick; Miss Susan Rorke, Clarksboro; Miss Pearl Hamilton, Carleton Place; Miss Margaret Edwards, McLeod, Alta; Miss Maude Murray, Campbellton, N.B.; Miss Belle Edwards, Drayton, N.D.; Miss Lina Richards, Carleton Place; Miss Agnes Parkinson, Kemptville; Miss Christina Dewar, Dominionville; Miss Christina Duke, Burk's Falls; Miss Helen Stuart, Osgoode; Miss Ida Noice, Minden; Miss Emily Reynolds, Ottawa.

Miss Meiklejohn, Lady Superintendent of the General Protestant Hospital, Ottawa, has resigned on account of ill-health and is resting and recuperating at her home in Quebec.

Miss Alice Pepper, Head Nurse in the Theatre of the General Protestant Hospital, Ottawa, is leaving June 15th to take charge of the Hospital at Frank, Alta., and is succeeded by Miss Hamilton.

The Toronto General Hospital Alumnae Association held its last meeting for the year on June 2nd. A number of the graduating class were present as well as Mrs. Downey, the new Registrar, Miss Eastwood, of the V. O. N. and Miss Scott, of Grace Hospital. Miss Ellwood, of the Evangelia Settlement, gave an account of Settlement work, especially as it is conducted in Toronto, and Miss Hamilton told of the work and plans of the Heather Club, which, although only three months old, has already done much good. It was decided by the members present, that during the coming year, some form of social work must be taken up by the Alumnae. After the programme refreshments were served and all present voted it a most enjoyable afternoon and hoped to have many like it during the coming years.

The results of the Prize Essay Competition were announced. The Prize Essay appears elsewhere in this number, and we hope also to publish the Essay which was adjudged second, written by Miss McQuhae.

This is the third year the prize has been given, the object being to interest the young graduates in the Alumnae. It has decided that the prize of $25 for an essay shall be discontinued and instead to make each nurse a member of the association as she graduates, without asking the initiation fee, thus benefiting each of the graduating class.

Miss Ellen M. Homer, (graduate St. Michael's Hospital), after two years in the Lakeside Hospital, Cleveland, is leaving to take charge of the operating room in the Toledo Hospital, Toledo, Ohio.

The graduation exercises at Toronto General Hospital on June 10th, 1909, were particularly pleasant and happy. Addresses were delivered by

His Honor the Lieutenant-Governor, who presented the diplomas, and also by Dr. J. F. W. Ross, Dr. K. C. McIlwraith and the Superintendent, Dr. J. N. E. Brown. After the exercises a garden party was held in the beautiful grounds, which was very largely attended. Fortunately the weather, though dubious all day, ultimately proved favorable and the enjoyment of the event was great.

In her annual report, Miss Snively, the Superintendent of the Training School, gave an interesting history of the year and added:

"If we include the class of twenty-four who to-day receive the well-merited reward of their three years' course of study, and labor, in the hospital, the number of nurses who from to-day will hold the certificate of qualification granted by the trustees of this hospital, is five hundred and twenty-two.

"During the year, eleven of this number have been married, and the following have received appointments: In our own hospitals are—Martha Kilgour, assistant; Minnie Samson, Burnside; Jean Leishman, operating room; Margaret Thompson, neurasthenic wards; Elizabeth Purdy, private wards; Lottie Phair, General Hospital, Calgary, Alta.; Alice J. Scott, superintendent of Grace Hospital, Toronto; Grace Hodgson, superintendent Episcopal Hospital, Washington, D.C.; Helen Jones, head nurse, Good Samaritan Hospital, Dawson, Yukon; Merab Allen, night supervisor, Lakeside Hospital, Cleveland, Ohio; Lucy Hurlburt, Gravenhurst Sanitarium, Gravenhurst, Muskoka; Alice Johnston, Cottage Hospital, Pembroke, Bermuda; Mary Smeeton, assistant, Presbyterian Hospital, Allegheny, Pa.; Mary Springer, operating room, Presbyterian Hospital, Allegheny, Pa.; Rose Hollies, night supervisor, Presbyterian Hospital, Allegheny, Pa.; Jessie MacLennan, superintendent, Grand Ronde Hospital, Le Grande, Oregon; Alice McLeod, office nurse, H. A. Bruce, M.D.; Mary McGibbon, assistant, D. C. J. Miller, New Orleans, La.. As missionaries—Maude L. McNish (now Mrs. George McPhedran), Dhar, India; Lottie Lawson, Kiating, China; Mary Switzer, Chentu, China; Mary A. Totten Smith, Chentu, China; Alice V. Sinclair, superintendent Training School for Nurses, Native Christian Women, Ludhiana, Punjab, India. The resignations have been—M. C. McQueen, assistant; E. Thorpe, operating room; A. Baldwin, private wards.

In addition to these, appointments, applications have been received from hospitals in California, Illinois, Massachusetts, North Carolina, Minnesota, New ersey, New York, Virginia, Michigan, Maine, Calgary and Medicine Hat.

"Those who have shown their practical interest in the education of our nurses by providing prizes and scholarships for competition, will be pleased to learn that while all the classes have done creditable work, three-fourths of the entire class in the junior year succeeded in obtaining a total of seventy per cent. and over, in four examinations."

The graduating class consisted of:—Misses Mary E. Blaikie, Port Dover; Georgina Blaikie, Port Dover; Sara Brick, Toronto; Grace M. Brown, Toronto; E. Nora Campbell, Port Elgin; Pearl Chambers, Toronto; Ruth

E. Dawn, Heathcote; Bertha M. Gibbons, Leamington; May Johnston, Cavan, Ireland; Agnes M. Kennedy, Bobcaygeon; Flora Liggett, Lindsay; Mary McCuaig, Barrie; Addie McQuhale, Toronto; Flora C. MacIver, Toronto; Christina McLachlan, Arnprior; Margaret Nelson, Toronto; Kate Rowe, Little Current; Mary A. Totten Smith, Barrie; Daisy Stevenson, Toronto; Nellie Thomson, East Toronto; T. H. M. Watson, Bolton, and Ada E. Weldon of Oakwood.

The prize list is as follows:—Scholarships—Senior year—The C. C. Scholarship ($50), general proficiency, E. Nora Campbell; the J. D. Patterson Scholarship ($50), surgical technique and asceptic surgery, Bertha M. Gibbons; the Ilumnae Association Scholarship ($25), practical essay on "The Effect of the Training School on the Individual," E. Nora Campbell.

Prizes—Senior year—The O'Reilly prize, Sara Brick; the Walter S. Lee prize, Nellie Thomson; the R. L. Patterson prize, Flora C. MacIver; the J. N. E. Brown special prize—practical nursing, Kate Rowe; special prize& operating room technique—, Mary A. Totten Smith; the Mrs. R. B. Hamilton special prize—for neatness and order in bedroom, Nellie Thomson.

Scholarships—Intermediate year—The Mrs. W. C. Scholarship ($50), for general proficiency, Marion E. Miles; the John H. C. Durham Scholarship ($25), for deportment and ethics, Charlotte MacKenzie; the Arthur McCallum Memorial Scholarship ($50), in the junior year, for general proficiency, Minnie Agnes Best.

The fifth annual meeting of the Michigan State Nurses' Association was held in Saginaw, May 25, 26 and 27. It will be a meeting long remembered by those in attendance. The bill for State Registration of Nurses had but recently passed the legislature, and while in session a telegram received from Governor Warner stated that he would support the bill.

An interesting programme had been prepared and was closely followed.

Mrs. W. H. Holden, of Detroit, conducted a drill in parliamentary law each morning, which was most instructive.

Interesting papers on "School Nursing" were read by Miss J. Bessie Goodrich, of Grand Rapids; Miss Martha Aylesworth, of Detroit; and Miss Bessie C. Abbott, of Chicago.

Miss Larinia L. Dock, of New York City, gave a very interesting address on "What Organization Has Done for Nurses," and Dr. F. W. Shumway, Secretary of the State Board of Health, addressed the meeting on "The Professional Nurse and Her Relations to the Public Health Service."

The election of officers resulted as follows:

President—Mrs. G. O. Switzer, Ludington.

First Vice-President—Miss E. L. Parker, Lansing.

Second Vice-President—Miss Margaret Moore, Jackson.

Recording Secretary—Miss Irene VanPelt, Kalamazoo.

Corresponding Secretary—Mrs. R. C. Apted, Grand Rapids.

Chairman of Committees:

Ways and Means—Miss Fantine Pemberton, Ann Arbor.

Credentials—Miss Jessie Lenox, Lansing.
Nominating—Mrs. M. Q. Foy, Battle Creek.
Arrangements—Mrs. R. G. Wheeler, Port Huron.
Printing—Miss E. A. McLaughlin, Detroit.
Councillors—Miss Linda Richards, Kalamazoo; Miss Isabel McIsaac, Benton Harbor.

Miss Agnes Deans was appointed delegate to the meeting of the Nurses' Associated Alumnae at St. Paul, and Miss A. M. Coleman, of Saginaw, was appointed a delegate to the International Congress of Nurses to be held in London, England, in July.

The visiting members were royally entertained, Miss Coleman and her associates, the Saginaw County Medical Association, the Saginaw County Graduate Nurses' Association and the Board of Trade were untiring in their efforts to give every one a cordial welcome.

The next annual meeting will be held in Port Huron.

A NEW VICTORIAN ORDER HOSPITAL.

The opening of the Rosamond Memorial Hospital by His Excellency the Governor-General and Lady Grey, at Almonte, on May 17th, was one of the most important events in the history of the town. The building cost $10,000 and is beautifully situated just outside the town. The hospital is conducted by the Victorian Order of Nurses.

The party from Government House was accompanied by Mr. John F. Orde, K.C., Honorary Secretary of the Victorian Order of Nurses, and Mrs. Orde; Mr. John Fraser, Auditor-General of Canada, and Honorary Treasurer of the Order and Mrs. Fraser, and Mr. J. M. Courtney, President of the Order. The reception committee consisted of the Mayor, Dr. A. A. Metcalfe, Honorary President; Mr. A. M. Gregg, Honorary Secretary; Reeve Shearn, representing the town council; Mr. W. West, representing the board of education, and Mr. John Slattery, representing the separate school board.

On their arrival here, the party from Ottawa was met by the reception committee, and the Citizen's Band and was driven to the town hall, where a formal reception was held. A turnout of about 1,000 citizens was assembled in the Council Chamber, and patriotic songs were rendered by the school children.

An address telling of the loyalty and patriotism of Almonte's citizens was read by Mayor Metcalfe, and a copy printed on white satin was presented to His Excellency.

In replying, His Excellency expressed his pleasure at being able to be present. He had learned, he said, at the annual meeting of the Victorian Order of Nurses in Ottawa of the noble work done by the Rosamond Memorial Hospital, which Lady Grey had expressed a desire to visit. When an invitation had been extended to him to formally open the hospital, it was with pleasure that he accepted it. The loyalty of Almonte's citizens he could not doubt, in view of the enthusiastic reception, and from east to

west throughout the Dominion there were evidences of a spirit of loyalty to the sovereign. He emphasized the importance of the young people of the community, as factors in the future development, stating that there might be in the audience before him, a boy destined to be a future prime minister of the Country.

The presentation of a handsome bouquet of roses was made to Lady Grey, little Miss Kathleen Rosamond, daughter of Alexander Rosamond, handing the flowers to Her Ladyship.

Their Excellencies were the guests of Mr. Bennet Rosamond at Pinehurst for lunch, after which they drove to the Rosamond Memorial Hospital, which is north of the town, and where they were received by the Board of Directors, and Earl Grey officially declared the hospital open.

Lady Grey unveiled a tablet, bearing the name of the donor, Mr. Bennett Rosamond, receiving a handsome bouquet of carnations from the staff of nurses.

Their Excellencies and other visitors expressed themselves as delighted with the hospital and its equipment, after inspecting all the wards and rooms.

One of the features of the opening ceremony was the presentation by Mr. W. Tholborn, M.P. for North Lanark, of a check for $5,000 to be the nucleus of an endowment fund in support of the hospital and staff.

The Board of Directors of the institution, which has been in active operation for a year and a half, now are Mr. P. C. McGregor, LL.D., President; Mr. Alexander Rosamond, Secretary-Treasurer, and Messrs. B. Rosamond, donor of the building, Wm. Tholburn ,M.P., A. S. Henshaw, Jas. Rosamond, J. W. Rose, John Donaldson, W. H. Stafford, E. W. Smith, Jas. Porritt and Jas. McLeod. The nursing staff consists of: Miss L. Gertrude Shields, head nurse, and Misses E. Corkery, Edith McGregor and J. R. Armstrong.

Toronto Central Registry of Nurses' Fourth Annual Meeting.

On Tuesday, June 1st, a very successful "birthday party" was held by the Registry Committee at "The Brown Betty." There was a large gathering of nurses and all seemed to enjoy the evening. The Rev. Mr. Hicks gave an opening prayer afterwards very briefly eulogizing the nurse and comparing this time, when a nurse was so easily obtained for any case with a time twenty-nine years ago, when he was in the midst of an epidemic of diphtheria and no nurses could be obtained. He gave an outline of an address which he would have given had time permitted, and which he very kindly promised to give at some future time. After the address of Miss Crossby, which appears elsewhere, Mrs. Downey said a few words to the nurses, and the rest of the evening was devoted to social intercourse and was much enjoyed.

The most important item on the programme was Miss Barwick's Report, which we print in full, as many of our readers are specially interested in the establishment of Nurses' Registries. Miss Barwick, who was warmly received, read her report as follows:—

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is prime beef in a highly concentrated form. Nothing is more rapidly assimilated than BOVRIL. It is a natural food and is therefore preferable to peptonised or chemically treated preparations. It may be used in many simple ways and it provides the means of quickly preparing a variety of very nutritious drinks.

Stir a teaspoonful into a cup of boiling water.
Stir a teaspoonful into a cup of hot milk.
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Lightly beat an egg, add a pinch of salt and a teaspoonful of sugar, then stir in gradually a cup of hot water containing a spoonful of BOVRIL.

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You will no doubt feel surprised at seeting me here this evening in an apparently official capacity, when I am really off duty, but having managed the work for the last eleven months I consented, at the earnest solicitation of the Registrar, and through the courtesy of the Registry Committee, to give you a brief outline of what has been accomplished in that time.

The number of the Registry Members is 288: Toronto General Hospital, 100; St. Michael's, 28; Grace Hospital, 38; Isolation, 14; Western Hospital, 13; Sick Children's Hospital, 21; St. John's Hospital, 4; Orthopoedic Hospital, 3; Nursing Mission, 2; English and Canadian Nurses, 32; American, 31; Dr. Myers' Hospital, 1; Sweden, 1.

The following are the calls for the past year:

	Registry Calls.	Personal.	Total.	Unanswered.
June	99	18	117	2
July	133	17	130	2
August	135	23	158	4
September	100	22	122	3
October	113	20	133	5
November	80	25	105	0
December	113	31	144	3
January, 1909	107	24	131	1
February	90	19	109	2
March	173	29	202	1
April	146	36	182	4

Disbursements, $1,028.55 and balance on hand, $1,048.00.

Audited and found correct.

(Signed) Ford Robertson,
Accountant.

We have to report the most serious illnesses of several of our nurses, and also the loss of one, Miss Twomey, a graduate of the Mater Infirmorum, Dublin; then several have gone from our midst to positions in far distant countries, two to do missionary work in China, and two to Hawaii to take charge of an American Hospital there, while another is in the northern regions of the Yukon; then, as usual, have we been attacked by the matrimonial bacillus, which has left large vacancies in our ranks. We have been able to contribute a small portion of our funds to charity work, and in every instance the circumstances have been of the most straitened and pathetic character. The nurses who have so willingly undertaken these cases have been most emphatic in their expressions of gratitude, that we were in a position to assist when the opportunity presented itself. A most important epoch in the life of the Registry has taken place; namely, the appointment of a new Registrar, Mrs. Downey, a graduate of St. Luke's Hospital, Chicago, and one who has had many years of experience in institutional and private work. She comes to us with the highest ideals for the betterment of our profession, with the keenest enthusiasm and interest, and I personally feel that she will carry on in the most conscientious way

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the work that has grown so steadily in the past four years; but there is one thought that must remain with each and every member of the Registry, and it is that we all have our own share in the burden to carry. If each member is truly loyal to her Registrar, has faith in her, and tries thoughtfully to obey the very few rules of the Association, then her work will be lightened a thousandfold. If little misunderstandings occur, do not discuss with other nurses, but call her up immediately and explain your point of view, remembering she is human, and perhaps a very tired woman, who may have been up half the night attending to duty. Work of this description causes a continual nervous strain, and it is most important that there should be rest and fresh air; that when she is off duty she should feel free to go where she pleases without the chance of being called upon. That is why she has an assistant who is there to relieve, and not augment the work.

I feel it will not be out of place to-night to speak of the severe loss to the nursing profession in the departure to England of Canon and Mrs. Welch. It is due to their personal effort that the membership of the Guild of St. Barnabas has increased so materially these last two years, and they have made us all feel that we can go to them at any time when in trouble, or needing advice, and that both will be most heartily given. They carry with them our love, and warmest wishes for their new work in the Old Land.

As this is my last appearance as a platform lady, I want to express to the heads of the different hospitals, and to the ladies in charge of the Nurses' Homes, my warmest thanks and appreciation for the kind interest and advice in these last four years. In every way have they endeavored to make my path easier, and I feel in saying thank you and good-bye that I but poorly express my feelings. Of my nurses, as I shall always think of them, I want to ask a personal favor, Be as loyal to my successor as you have always been to me, and thank you again and again for your good work. You are the ones who have kept up our standard, and it is to you I now appeal to continue the good work, and to maintain our Central Registry of Toronto on the same plane where it has been from the first—the best of its kind.

And now, on behalf of my sister and myself, I say good-bye and God bless you. We have been happy together, and we shall miss you—miss you far more than you will ever know. But to all and every one of you, remember there is still 644, and always a hearty welcome awaiting you.

BIRTHS.

Wilson.—Regina, May 8th, to Dr. and Mrs. Wilson (nee Miss Holbein, L.S.I. Ottawa, 1904), a daughter.

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The Nurses' Library

"Civics and Health," by William H. Allen. Boston: Ginn & Co. There are some good people in this world. People with adequate ideas and adequate execution. When one of them writes a book, it is a red-letter day for the race. Such a man is the Secretary of the Bureau of Municipal Research in New York, William H. Allen, and such a book is this book. Everybody should read it. The author is a prophet, but more practical than most of prophets. He speaks of Health Rights, School Hygiene, Clean Milk, Heredity, Patent Medicines, and scores of other important topics. You should read this book.

"Emergencies," by Charlotte V. Gulick. This is vol. II. of the Gulick Hygiene Series, published by Ginn & Co., of Boston, and in practical use, in interest and in adaptability to the lives of children, it is well up to the high average of the volumes of the series already published. We have never seen so good a book on emergencies for use in schools.

"The Body at Work," by Frances G. Jewett. Boston: Ginn & Co. This is volume IV. of the Gulick Hygiene Series and is intended for the seventh grade. It takes up the body from the point of view of efficiency, and lays the emphasis on how to do things. Muscles come in for a large share of attention. Digestion, circulation and respiration are dealt with. Strength and speed, metabolism, staying power, these are all taken up in an attractive and sensible way. All school nurses will especially appreciate this book.

The July Delineator is a Summer Number with many interesting articles and stories. Fashions, fiction, music, health, housekeeping, and many things beside are written in its pages by able pens. Kipling will write a new story, "Cold Iron," for the September number.

Volume VI. of Osler's Modern Medicine (Toronto: D. T. McAinsh), has just appeared. With the exception of Dr. Osler himself, and Dr. Garrod, of London, all the thirteen physicians who contributte to it are on this side of the sea. Urinary diseases, diseases of the ductless glands, diseases of obscure causation, diseases of the muscles, vasomotor and trophic disorders are all treated in this valuable addition to this System of Medicine, which is a library in itself. There is also a very practical and useful article of 34 pages on the Medical Aspects of Life Insurance, by Dr. C. L. Greene, of St. Paul.

It gives us great pleasure to advise nurses to read "The Standard of Empire" to themselves and their patients. It costs 5 cents. It consists of 20 to 24 pages of reading matter in which will be found :Events of the week in England, Scotland, Ireland and Wales; News of the Religious World; Navy and Army news; An Engineering page; The London Letter; The week's Sport; Summary of the week in Parliament; Reports of the most interesting Trials; Critiques of the latest Plays and Music; Articles by men famous in all parts of the Empire; What is being published about Canada

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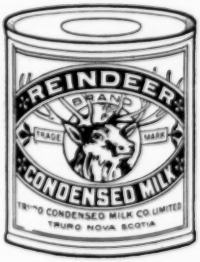

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on the other side; What Canadians are doing and saying in the Old Country; What the London Market is doing and may do in connection with Canadian Investments; The latest cables from Australia, South Africa, the West Indies and every Capital of the Empire; What the miner is doing in Africa, Australia and other mineral producing parts of the Empire; What the farmers, fruit-growers, merchants and manufacturers are doing in Canada and all the other over-seas Dominions. The King and the Prince of Wales have allowed their names to be placed at the head of The Standard of Empire subscription list. Earl Grey, the Governor-General of Canada, when the paper was started in May, 1908, sent the following telegram: "Sincere congratulations on your opening number, and success to your plucky endeavor to meet a widely felt want in all parts of the Empire." It is a handy, readable journal, unlike anything of the kind now available in Canada. It is cheaper than any other paper with which it might be compared. It has no politics, except that it is "All-British." The subscription price is $2.00 per annum, delivered free. The Canadian address is Stair Building, Toronto. The Canadian Nurse values the Standard of Empire very highly.

A HISTORIC LETTER.

Windsor Castle, January, 1856.

"Dear Miss Nightingale,—You are, I know, well aware of the high sense I entertain of the Christian devotion which you have displayed during this great and bloody war, and I need hardly repeat to you how warm my admiration is for your services, which are fully equal to those of my dear and brave soldiers, whose sufferings you have had the privilege of alleviating in so merciful a manner. I am, however, anxious of marking my feelings in a manner which I trust will be agreeable to you, and therefore send you with this letter a brooch, the form and emblem of which commemorate your great and blessed work, and which I hope you will wear as a mark of the high approbation of your Sovereign. It will be a very great satisfaction to me, when you return at last to these shores, to make the acquaintance of one who has set so bright an example to our sex, and with every prayer for the preservation of your valuable health. Believe me always, yours sincerely,

"VICTORIA R."

The presentation of this gift book took place on January 29. The jewel resembled a badge rather than a brooch, bearing a St. George's Cross in red enamel and the royal cypher, surmounted by a crown in diamonds. The inscription "Blessed are the merciful," encircled the badge, which also bore the word "Crimea."

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All communications should be addressed to Dr. Gudrun Holm, 61 East 86th Street New York, N.Y.

Orthopaedic Institute Graduates.

At the end of the Winter term, 1908-1909, the following students received their diplomas at the Pennsylvania Orthopaedic Institute and School of Mechano—Therapy (Inc.), 1711 Green Street, Philadelphia, Pa., in the Swedish system of Massage, Medical and Corrective Gymnastics, Electro and Hydro-Therapy:

Ada Luenza Welch, graduate South Side Hospital, Pittsburg, Pa., Night Superintendent at South Side Hospital, Pittsburg, Pa.

Lilas R. Bell, San Francisco, California, graduate of Waldeck Hospital, San Francisco, California.

Frances E. Goodwin, Worcester, Mass., graduate of City Hospital, Worcester, Mass.

In Gymnastic and Electro-Therapy:

Anna Frances Curtis, New York City, N.Y., Columbia University, New York; London, England, and Paris, France, Art School.

In Electro and Hydro-Therapy:

Sara Patrick, Philadelphia, Pa.,

In Electro-Therapy:

Olivia Jensen, Copenhagen, Denmark.

The After Care of Summer Ailments.

It is probably the exception, rather than the rule, that a baby passes through its first two summers without at least one sharp attack of gastro-enteric disturbance. In severity, such attacks vary from a slight bowel "looseness" and occasional eructation of nourishment, to a true choleraic diarrhoea, in which sudden and unexpected vomiting, rice water discharges, marked prostration and sunken fontanelles are the symptoms that precede dissolution. In all except the fulminant cases referred to, recovery ensues, if intelligent dietetic and medicinal treatment is instituted. In many instances, however, the considerable drain on systematic vitality, from the frequent discharges and the enforced cutting down of the child's nourishment, brings about a more or less anemic condition, and unless restorative measures are adopted convalescence is apt to be slow and protracted. Ordinary hematinics,

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